

Child Deaths in Idaho

2014



A Report of Findings by the
Idaho Child Fatality Review Team

www.idcartf.org

Prepared May 2017

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EXECUTIVE SUMMARY

The Idaho Child Fatality Review (CFR) Team presents its annual report on child deaths occurring in Idaho in 2014. The team was formed by the Governor's Children at Risk Task Force (CARTF), under Executive Order 2012-03 to review deaths to children under the age of 18, using a comprehensive and multidisciplinary process. The team is tasked with identifying information and education that is needed to improve the health and safety of Idaho's children. Their goal is to identify common links or circumstances in these deaths that may be addressed to prevent similar tragedies in the future.

The team reviewed deaths to children under the age of 18 which occurred in Idaho during calendar year 2014. Deaths were identified and manner and cause of death were categorized using the Vital Records system. The team utilized information already gathered by coroners, law enforcement, medical providers, and state government agencies in their reviews.

Although the team attempted to obtain all relevant records from the various agencies, it does not have subpoena power and could not always obtain confidential records. Challenges include incomplete, redacted or missing records, with some agencies citing privacy concerns. Schools cited Family Education Rights and Privacy Act (FERPA) restrictions in denying record requests.

SUMMARY OF FINDINGS

There were 187 child deaths occurring in Idaho in 2014. The CFR Team screened all of these deaths by cause to determine whether the case met the criteria for full review (was due to an external cause *OR* was unexplained *OR* was due to a cause with identified risk factors). The team conducted full reviews of 103 of these child deaths.

Sudden Unexplained Infant Death

Sudden Unexpected Infant Death (SUID) is the sudden death of an infant under one year of age, which remains unexplained after a comprehensive investigation. There were 12 SUID cases occurring in Idaho in 2014. The team also reviewed 9 infant deaths of “undetermined” cause plus another 5 accident deaths to infants or toddlers in the sleeping environment.

Unsafe living conditions and/or improper sleep position or sleeping surface were observed in the majority of these infant deaths. The team encourages parents and caretakers to become familiar with the updated 2016 American Academy of Pediatrics (AAP) safe sleep guidelines for infants up to 1 year of age. Health care providers and public health agencies can help promote American Academy of Pediatrics recommendations and provide clarification on the latest research findings.

The team noted continued improvements in the consistency of investigating and classifying infant deaths. However, there were still instances of incomplete reports and improper/inconsistent coding. The team urges coroners and law enforcement officers to follow Idaho and Centers for Disease Control and Prevention (CDC) guidelines in investigating and coding SUID deaths. Thorough investigations include reviews of home environment, incident re-enactments, and family medical history. Better understanding of the circumstances contributing to these infant deaths will lead to improved prevention efforts.

Motor Vehicle Accidents

There were 27 motor vehicle accident deaths to children and teens in 2014. Driver error, excess speed and distracted driving were leading causes of the accidents. Nearly half of the victims of all traffic accidents were not properly restrained with a seat belt or safety seat. Six of the victims were pedestrians or cyclists who were struck by moving vehicles. Five of the accidents involved a teen driver. There were 4 fatal accidents resulting from children operating off-road recreational vehicles (ATVs, motorcycles, or snowmobiles).

All drivers are urged to comply with safety restraint (seat belt or child safety seat) laws and follow national safety guidelines for passengers. They should avoid use of electronic devices and other sources of distraction while driving. Special care should be taken to watch for pedestrians and cyclists on roadways. Adults should closely supervise young children when walking or biking near roadways, driveways and parking lots.

Parents of children who operate recreational vehicles off-road should verify that they are in compliance with Idaho laws as well as manufacturers' age and usage recommendations. Operators are encouraged to take safety certification courses and to use approved helmets and eye protection.

Teen drivers are more prone to crashes resulting from distractions like electronic devices and multiple passengers. Parents should take steps to see that teen drivers have adequate training, skills, and sound judgment before allowing them behind the wheel.

Drivers should make alternate transportation arrangements if there is any possibility of alcohol or drug impairment (including OTC and prescription medications).

Law enforcement and other public agencies can help promote safety messages to drivers.

Drowning

The team reviewed 4 drowning deaths to children. All of these accidents occurred in open water where no safety barrier was present. All except 1 of the 2014 drowning victims were under 9-years-old.

Parents should closely supervise children of *all ages* while swimming or playing near water. Children of all ages should wear personal floatation devices while participating in water sports. Young children should be within arm's reach of an adult. Fences or other barriers should be installed around bodies of water on private property to prevent young children from entering or accidentally falling into water.

Fires/Carbon Monoxide

In 2014, fires and carbon monoxide inhalation resulted in 4 child deaths. Each of these incidents involved improper use or installation of a home appliance.

The CFR team recommends installing and maintaining home smoke and carbon monoxide detectors near sleeping areas. Because carbon monoxide is an odorless, invisible gas, it is important to be familiar with the “flu-like” symptoms of carbon monoxide poisoning.

Stoves, heaters, ventilation systems, and other gas, oil or coal burning home appliances should be properly installed and routinely serviced by qualified technicians. Space heaters and similar home appliances should be used only as directed by manufacturers.

Alcohol Toxicity

After four consecutive review years, the CFR Team observed at least 1 death per year that was a direct consequence of alcohol toxicity. These incidents were typically the result of a teenager binge drinking (usually in a group setting) over the course of several hours. According to National Institutes of Health, alcohol is the most widely used substance of abuse among youth and poses enormous health and safety risks.

Parents should model responsible drinking behavior to their children and talk to them about the dangers of drinking. Support from a trained psychologist or counselors should be sought when teens show signs of alcohol abuse.

Suicides

Idaho’s rate of suicide is consistently higher than the overall U.S. rate. There were 18 youth suicides in 2014. The victims were between 13 to 17 years old and were predominantly male.

Parents and educators should be aware of emotional stressors and suicide warning signs in children of *all* ages and should seek help when concerns arise. IDHW’s Office of Suicide Prevention offers prevention resources, referrals and education to the public.

In national studies and in CFR team reviews, having access to lethal methods was repeatedly found to be a commonality in suicides. The team is concerned about the number of emotionally distraught victims who accessed a firearm in their own home in an impulsive act. Restricting access to highly lethal means may reduce the risk of injury in an emotionally charged moment. Families with children who have a known risk for

suicide should remove firearms and certain controlled medications from their home entirely.

Many of the victims had a documented history of mental illness or emotional trauma while others showed symptoms but were never diagnosed. Expanding and triaging mental health services throughout the state may prevent future tragic outcomes.

Homicides

The team reviewed 4 homicide deaths to children in 2014. Ages ranged from preschool through teen years. One of these deaths was accidentally inflicted by a child who accessed an unsecured firearm.

Firearms were the most common injury mechanism (3 of 4) in these deaths, with 1 assault inflicted by blunt force trauma and strangulation. All 3 of the intentionally inflicted homicide deaths were violent assaults occurring in families with a documented history of domestic abuse.

The CFR Team identified a need for ongoing public education related to domestic violence and firearm safety. Awareness of the warning signs of abusive behavior can prevent additional violent deaths. Solid coordination between agencies can help identify families at risk of domestic violence. Improved access to mental health services and support to such families can protect children from becoming victims of abuse.

Preventable Natural Deaths

Pneumonia

The CFR Team subcommittee reviewed 3 pneumonia deaths to children which occurred in 2014. The victims ranged in age from 25 days to 6 years. The influenza virus was not positively identified in any of these deaths but previous viral exposure may have played a role.

Parents should consult their child's healthcare professional for recommendations on pneumococcal vaccines. The team recommends an annual flu vaccine for everyone over the age of 6 months. Several other vaccines (pertussis, varicella, measles) prevent infection by bacteria or viruses that may cause pneumonia. The Idaho Immunization Program provides information on free or low cost vaccinations plus recommended

schedules for infants and children. Proper hygiene habits can prevent the spread of germs and viruses.

Refusal of Medical Treatment Due to Religious Beliefs

Since Idaho Vital Statistics does not compile the number of deaths to children who are not treated medically on the basis of religious beliefs, it is difficult to estimate the actual number of preventable deaths to religious objectors. In 2014, the team found no evidence of child deaths occurring in families that objected to medical intervention.

KEY RECOMMENDATIONS

To improve the health and safety of Idaho children and prevent tragic deaths in the future, the CFR Team recommends the following actions (organized by stakeholder group).

Public Health Agencies

Idaho Department of Health and Welfare (IDHW) can support CFR Team recommendations through improved coordination with outside agencies to identify high risk families (particularly for those at risk of infant death, suicide risk, or child maltreatment), and ensuring that appropriate support is offered.

Public education opportunities were found related to the following topics:

- Promoting revised (2016) American Academy of Pediatrics (AAP) safe sleep practices.
- Warnings of health risks to infants and children of tobacco smoke (smoking in pregnancy *and* second hand exposure).
- Water safety messaging including reminders to closely supervise children around water, and to use personal flotation devices.
- Awareness of underage drinking as a public health concern and stressing the health and safety hazards related to under age alcohol consumption.
- Safe storage and handling of lethal methods commonly used in suicides and/or homicides (firearms, ammunition, controlled substances).
- Awareness of warning signs of domestic violence and access to resources (hotlines, shelters, etc.) that protect and support victims.

Mental health concerns (either pertaining to the parent/caregiver or directly to the child/teen) were found to be a factor in many types of preventable deaths to children (infant deaths, suicides, homicides). The CFR Team supports IDHW goals of expanding mental health services resources throughout Idaho, particularly in rural areas.

The CFR Team will look for new opportunities to partner with IDHW's Office of Suicide Prevention and to incorporate their findings in annual reviews and recommendations.

The team uncovered possible areas for improvement related to stricter regulations of family child care facilities (those caring for fewer than 7 children, currently unregulated at the state level) and those receiving Idaho Child Care Program (ICCP) funding.

At the national level, programs that focus on parent education, screening and home visitation programs have been found to be effective at reducing child maltreatment. The team commends the partnership of local public health agencies with Idaho Children's Trust Fund in disseminating the "Crying Plan," a tool developed to help parents cope with inconsolable babies.

IDHW Bureau of Vital Records and Health Statistics personnel are encouraged to participate in coroner trainings and notify certifiers when designations of "cause" and "manner" or other codes appear to be out of compliance with guidelines.

Coroners

Coroners are encouraged to stay current on training opportunities and to comply with IDHW guidelines related to categorizing information on death certificates. The team continued to find instances of inconsistent designations of "cause" and "manner."

Consistent usage of the CDC's SUID investigation form (or local equivalent) is recommended to properly guide investigations (to include home environment, incident re-enactments, family medical history, etc.) of unexplained infant deaths.

Coroners should work cooperatively with law enforcement agencies to ensure that suspected suicides are thoroughly investigated. The National Center for the Review and Prevention of Child Deaths recently developed new guidelines and a questionnaire to assist investigators: (See www.ncfrp.org).

The CFR Team recommends that Idaho coroners routinely include toxicology testing as part of death investigations when suicide is a possible cause. Consistent access to this information may help to better understand the precursors and contributing factors of suicide.

Health Care Providers

To help prevent unexplained infant deaths, health care providers can educate parents on the protective factors of prenatal care, breastfeeding and encourage compliance with scheduled immunizations. Parents should be advised of new AAP recommendations including warnings of tobacco smoke exposure, substance use, co-sleeping (including when accidentally falling asleep while breastfeeding), and soft sleep surfaces. Hospitals can implement safe sleep certification through a program offered through Cribs for Kids (www.cribsforkids.org)

In addition to knowing the risk factors and warning signs of suicide, providers are encouraged to take advantage of resources offered by the Idaho Lives Project (www.idaholives.org).

Triaging mental health services in communities with limited access may prevent tragic outcomes by granting priority to those who show signs of being a danger to themselves or others.

Providers can continue to provide information on healthy relationships and ask patients about any concerns for their personal safety when seeking treatment. Health professionals who work with children should be able to identify signs of abusive behavior and injuries and should readily report concerns to appropriate agencies.

Child Care Providers

Child care providers should be familiar with new AAP recommendations for infant safe sleep (See page 36) including uncluttered, firm sleep surfaces, avoidance of tobacco smoke exposure, substance use, and avoidance of co-sleeping.

Providers should stay within arm's reach of young children while playing in or near open water like canals, ponds, lakes, and rivers. To prevent children from entering or slipping into water, fences or other barriers should be installed and carefully maintained. Swimmers of all ages should be encouraged to use floatation devices and to avoid swimming alone, especially in open water.

Extra steps should be taken to ensure that firearms are not accessible to children in or around homes or care facilities (including vehicles, garages, storage sheds).

Research has found that crying, bedwetting, and fussy eating may be a trigger for abusive incidents. Child care providers are encouraged to complete a “Crying Plan” (a tool for coping with inconsolable, crying babies) and post the completed form in a prominent place at care facilities.

IDHW provides services to help protect children while providing support to strengthen families to prevent abuse and neglect. To report suspected child abuse, neglect or abandonment in Idaho call: **1-855-552-KIDS (5437)**

Parents

Parents should familiarize themselves and comply with the AAP safe sleep recommendations as updated in 2016 (*See page 36*). Infants should be placed on their back to sleep until they are 1 year old. The safest sleeping area is the infant’s own crib or bassinet, on a firm, uncluttered surface. Breast feeding and staying current with immunizations have been shown to significantly reduce the risk of infant death. Infants should not be exposed to tobacco smoke (prenatal or second hand).

The CFR Team urges parents to maintain a safe and hygienic home environment that is uncluttered and free of hazardous objects. Care should be taken to see that medications/drugs, tobacco products, cleaning supplies and sharp objects are kept out of the reach of children.

Many injuries resulting from traffic accidents may have been less severe or prevented entirely with proper seat belt or safety seat use. In Idaho, use of a seat belt or child safety seat is legally required for drivers and vehicle occupants of all ages. Idaho’s Child Passenger Safety Law requires that all children six years of age or younger be properly restrained in an appropriate child safety restraint (*See page 45*).

Parents should take steps to ensure that young riders follow safety precautions and know how to safely operate off-road vehicles like ATVs, snowmobiles and motorcycles (*See page 48-49*). Idaho law requires that any person without a valid motor vehicle license who wishes to operate an ATV or motorcycle on US Forest Service roads take an approved safety course. Riders under age 16 must be supervised by an adult (<https://parksandrecreation.idaho.gov/activities/atv-motorbike>).

Drivers should strictly avoid *any* level of alcohol and narcotic use before getting behind the wheel. Parents can establish clear guidelines and create advance plans about how their teens will get home safely when they (or their driver) may be impaired.

Parents should take steps to make sure teen drivers are able to maintain focus while driving, avoiding distractions like electronic devices. In addition to learning safe driving techniques, teens should avoid driving late at night with other passengers. Resources and information from Idaho Transportation Department (ITD) can be found at: www.idahoteendriving.org

Parents can role model safe behavior and should closely supervise children when walking or biking near roadways, driveways, and parking lots. Drivers should use extra caution when driving near schools and parks.

Parents should remain within arm's reach of young children while swimming or playing near water. To prevent children from entering or slipping into open water or pools, fences or other barriers should be installed and carefully maintained, especially when young children may be present.

Swimmers of all ages should be encouraged to use floatation devices and to avoid swimming alone, especially in open water. Parents should also warn teens of the dangers related to alcohol consumption while engaging in water sports and swimming.

To avoid accidents related to fires and carbon monoxide poisoning, smoke and carbon monoxide detectors should be installed in the home near sleeping areas. Batteries should be checked and replaced at least twice per year. Symptoms of carbon monoxide poisoning can appear "flu like" and include headache, dizziness, weakness, upset stomach, vomiting, chest pain, and confusion. Annual servicing of gas, oil, or coal burning appliances by a qualified technician can prevent carbon monoxide poisonings. Heating and cooking appliances should be used only as directed by manufacturers.

Parents should familiarize themselves with warning signs of suicide risk and promptly consult health care providers and/or educators for support when concerns arise (*See pages 63-64*). A strong and positive connection to parents, family and/or school has been shown to provide immunity for teens when they are troubled (www.childdeathreview.org/reporting/suicide/).

Because of the impulsive nature of many suicidal acts, parents should take extra steps to make sure that firearms are not accessible to children and teens. Households with any family member

who has a history of mental health disturbances or suicide attempts should be particularly restrictive with access to firearms and controlled substances. The Idaho Suicide Prevention Hotline offers referrals to mental health professionals and other prevention resources:

1-800-273-TALK (8255)

The Women's and Children's Alliance of Boise (WCA) provides services to victims of domestic violence and sexual assault. In addition to offering safe shelters and transitional housing, they offer counseling, safety planning, court advocacy, and educational resources (*See page 71*).

The WCA operates two 24-hour crisis hotlines and carefully safeguards caller confidentiality. If you or someone you love needs help, call:

Domestic Abuse Crisis Hotline: 208-343-7025

Sexual Assault Hotline: 208-345-7273

The Early Childhood Coordination Council (EC3), along with partners in government and community agencies, developed the "Crying Plan" (www.cryingbabyplan.org), a tool to help parents and caregivers cope with inconsolable, crying babies which research has found to be a trigger for abusive incidents. Parents are encouraged to complete their own "Crying Plan" and post it in a prominent place in their home.

To report suspected child abuse, neglect or abandonment in Idaho call: **1-855-552-KIDS (5437)**

The team recommends an annual flu vaccine for those 6 months of age and older to prevent pneumonia and flu related deaths. Parents should consult their child's healthcare professional for recommendations regarding pneumococcal vaccines. Several other vaccines (e.g. pertussis, varicella, measles) prevent infection by bacteria or viruses that may cause pneumonia. For information on free or low cost vaccinations plus recommended immunization schedules go to: (healthandwelfare.idaho.gov/Health/IdahoImmunizationProgram/tabid/2288/Default.aspx).

Public Transportation Agencies

CFR findings show a need for continued messaging that promotes seat belt/safety restraint use, bicycle safety and warnings of impaired and distracted driving. Other opportunities may exist related to strengthening laws and/or education related to safety seat installation checkpoints and pedestrian safety. The team also identified a need to increase public awareness of safe off-

road vehicle riding (e.g. ATVs, motorcycles, and snowmobiles) which may best be achieved through collaboration between Idaho Transportation Department (ITD), recreational, and public health agencies.

The CFR Team recommends updates to the ITD crash report forms to ensure that they completely capture relevant information pertaining to the cause of the accident. Specifically, they request 1) the addition of a field for the estimated speed of vehicles at the time of the crash and 2) the addition of specific phone/device usage fields (including whether the device was handheld or hands free/Bluetooth[®] enabled) as options for the “contributing circumstances” listed on the form.

Law Enforcement

The CFR Team was left with questions about the role that alcohol or drug impairment may have played in some of the fatal incidents, particularly infant deaths and suicides. Uniformly conducted toxicology testing of all involved parties (including subject, parents and caregivers) may lead to improved understanding of the precursors and contributing circumstances of these events.

Consistent use of the CDC’s SUID investigation form (www.cdc.gov/sids/SUIDRF.htm) can help guide infant death investigations and ensure that all pertinent information is captured so that other possible causes of death may be identified or ruled out.

In completing narrative sections of ITD crash report forms, officers are encouraged to provide details such as estimated vehicle speed and source of driver distraction (e.g. cell phones, passengers) as a contributing cause of accidents.

The team recommends strict enforcement of alcohol and drug (including prescribed and over-the-counter medication) impairment laws and supports ongoing public education as a way of reminding drivers of the potential consequences.

State and local law enforcement agencies can continue to support public education of safe driving practices through social marketing campaigns as well as through officer presentations at schools and community groups.

Officers should work cooperatively with other agencies to ensure that suspected suicides are thoroughly investigated. The National Center for the Review and Prevention of Child Deaths recently developed new guidelines and a questionnaire to assist investigators: (See www.ncfrp.org).

Solid coordination between agencies may help identify families at risk of domestic violence, as well. Law enforcement agencies with limited resources should seek support from Idaho State Police and federal agencies to ensure that suspected assault cases are thoroughly investigated and referred to prosecutors, as appropriate.

Educators

In addition to knowing the risk factors and warning signs of suicide (See page 63-64) school administrators, counselors, and teachers are encouraged to take advantage of resources offered by the Idaho Lives Project <http://www.idaholives.org/>

Professionals who work closely with children should seek training to identify signs of abusive behavior and injuries and should readily report concerns to the appropriate agencies.

IDAHO CHILD HEALTH AND SAFETY: *Recent Collaborative Efforts*

- **Development of IDHW Suicide Prevention Program.** In 2016, the Idaho State Legislature approved funding to support the formation of the Office of Suicide Prevention within the Idaho Department of Health and Welfare (IDHW). This program implements and supports statewide suicide prevention efforts including funding for youth education and the Idaho Suicide Prevention Hotline.
- **The Infant Mortality Collaborative Improvement and Innovation Network (CollIN).** This national initiative was established in 2013 within the IDHW Division of Public Health to focus on safe sleep practices and tobacco cessation for pregnant women. CollIN partnered with Inland Northwest SIDS/SUID Foundation and Cribs for Kids with the goal of getting all Idaho birthing facilities certified as Safe Sleep Hospitals. The Program recently became a Cribs for Kids Partner allowing the Program to purchase safe sleep materials and survival kits (playpen, sleep sack, etc.) that can be given to families in need. The MCH Program is also partnering with Project Filter (Idaho Tobacco Prevention and Control Program) to implement *Baby & Me - Tobacco Free*, a smoking cessation program for women during the prenatal and postpartum period. The IDHW Pregnancy Risk Assessment Survey (PRATS) supported “Back to Sleep” messaging by providing survey participants with a copy of a board book that incorporated safe sleep practices.
- **Ada County Paramedics Safe Sleep Campaign.** The Ada County Paramedics produced an award-winning campaign in February 2017 to inform the public about the ABC’s of safe sleep. Messaging featured on the back windows of ambulances included photos of a baby in a safe sleep position and graphics of building blocks highlighting the fundamental points:

“**A**lone, on their **B**ack and in their own **C**rib.”
- **Dissemination of “The Crying Plan.”** Local Public Health WIC programs and home visiting programs collaborated with the Idaho Children’s Trust Fund to disseminate the “Crying Plan” tool to parents and caregivers of infants and various community programs throughout Idaho. The goal of “The Crying Plan” is to help parents and caregivers identify strategies for coping with inconsolable, crying babies which some research has found to be a trigger of abusive head trauma. Find this tool at: www.cryingbabyplan.org
- **Idaho Suicide Prevention Hotline upgrades.** Funding in 2014 and 2015 from private sources has allowed the hotline (1-800-273-TALK) to expand coverage to 24 hours and improve communication infrastructure. The hotline expanded and improved their infrastructure in 2016. The hotline established a 208 number (208-398-HELP) to offer text response to better reach young people in crisis.

RESOURCE LIST

The Governor's Task Force for Children at Risk, <http://idcartf.org/>

Idaho Department of Health and Welfare, Care Line, Dial: **2-1-1** or **1-800-926-2588**
www.idahocareline.org

Centers for Disease Control and Prevention, www.cdc.gov

Idaho Lives Project, www.idaholives.org

American Academy of Pediatrics, www.aap.org

Cribs for Kids, www.cribsforkids.org

Project Filter (Idaho Tobacco Prevention and Control), www.projectfilter.org

Idaho Children's Trust Fund, <http://idahochildrenstrustfund.org>

National Highway Traffic Safety Administration, www.nhtsa.gov

Idaho Transportation Department, <http://itd.idaho.gov>

Safe Kids Worldwide, www.safekids.org

Project Child Safe, www.projectchildsafe.org

Idaho State Police, www.isp.idaho.gov

Idaho Supreme Court, <http://isc.idaho.gov>

Idaho Legislature, <http://www.legislature.idaho.gov>

Idaho Suicide Prevention Hotline, Dial: **1-800-273-TALK** www.idahosuicideprevention.org

Suicide Prevention Action Network of Idaho, www.spanidaho.org

Women's and Children's Alliance www.wcaboise.org

TOP 10 HIGH IMPACT ACTIONS TO PREVENT CHILD INJURIES AND DEATHS

1. Follow American Academy of Pediatrics (AAP) revised 2016 Safe Sleep guidelines. Place infant to sleep in room with parents/caregivers in a *separate crib or bassinet*. Ensure that the *sleep surface is firm* and avoid soft bedding and objects. To *avoid falling asleep* with baby in bed, remove baby to own crib/bassinette once breastfeeding is complete.
2. Do not smoke during pregnancy or around infants or children of any age.
3. Use age appropriate safety restraints in vehicles (seat belts or child safety seats, properly installed).
4. Be attentive when driving (avoid distractions such as multiple passengers, phones, texting) and maintain a safe speed for conditions.
5. Do not drive while impaired by alcohol or drugs (including prescription meds).
6. Closely supervise children of all ages when swimming or playing near the water.
7. Store guns safely and securely.
8. Know the signs of suicide risk and take action.
9. Get your child immunized (including an annual flu vaccine).
10. Have a "Crying Plan" (See *page 15*) completed and posted in a place visible to parents and caregivers so that they can be reminded of strategies for coping with inconsolable, crying babies. Find customizable "Crying Plan" form at www.cryingbabyplan.org/files/crying-baby-plan.pdf

IDAHO CHILD FATALITY REVIEW 2014

This report is a review of child deaths occurring in Idaho, summarizing the state's Child Fatality Review (CFR) process and findings. The Idaho Child Fatality Review Team was established in 2013 following an executive order from Gov. C.L. "Butch" Otter (No. 2012-03). The CFR Team is tasked with performing comprehensive and multidisciplinary reviews of deaths to Idaho children under age 18 in order to identify what information and education may improve the health and safety of Idaho's children.

Idaho's current CFR process is in response to the longstanding public concern for the welfare of children, particularly those who are abused or neglected. Efforts to understand all of the factors that lead to a death may help prevent other injuries or deaths to children in the future. Following national guidelines and best practices, this is accomplished by a collaborative process that incorporates expertise and perspectives of multiple disciplines.

CHILD FATALITY REVIEW TEAM

The statewide CFR Team is established and supported by the Governor's Task Force for Children at Risk. The following members were appointed and participated in 2014 reviews:

Jerrilea Archer, Ada County Sheriff's Office (retired), CFR Team Chair

Tahna Barton, Court Appointed Special Advocates (CASA)

Matthew Cox, MD, St. Luke's Medical Center, CARES

Aaron Gardner, MD, MS FAAP Eastern Idaho Regional Medical Center,
Pediatric Critical Care

Glen Groben, MD, Ada County Coroner, Forensic Pathologist (retired)

Margaret Henbest, Executive Director, Idaho Alliance of Leaders in Nursing,
Pediatric Nurse Practitioner

Kathryn Rose, JD, Bonner County Coroner

Erwin Sonnenberg, Ada County Coroner (retired)

Miren Unsworth, Idaho Department of Health and Welfare, Deputy Administrator, Child and
Family Services

Penny Shaul, Prosecutor, Bonneville County

Kris Spain MS, RD, LD, Central District Health Department, Preventive Health Services Division
Administrator

Jeffrey Webster, St. Luke's Emergency Medical Services

Christine Hahn, MD, Idaho Department of Health and Welfare, State Epidemiologist, Medical Director (*subcommittee member*)

ASSISTANTS TO THE CHILD FATALITY REVIEW TEAM

The Idaho Department of Health and Welfare serves as the fiscal agent, and provides staff support to the CFR Team utilizing Children's Justice Act Grant funding. In addition, the team employs assistants for analytical, report writing, and administrative support. These adjunct team members do not have decision making or voting authority on the CFR Team.

Teresa Abbott, MBA, Principal Research Analyst, Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

Mindy Peper, Administrative Support, The Governor's Children at Risk Task Force (CARTF)

ACKNOWLEDGEMENTS

The CFR Team relies on the support of many state agencies in their efforts to obtain records and review information. These reviews are made possible because of the cooperation of numerous law enforcement agencies, coroner offices, and medical facilities throughout the state. In particular, the CFR Team would like to express its appreciation to following individuals for providing data support to the team:

Pam Harder, Research Analyst Supervisor, Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

Steve Rich, Principal Research Analyst, Idaho Transportation Department

THE OBJECTIVES OF CHILD FATALITY REVIEW

The National Center for Child Death Review provides resources and guidance to the Idaho CFR process. While multi-agency death review teams now exist in all 50 states and the District of Columbia, there are variations on how the process is implemented. However, all U.S. Child Death Review processes share the following key objectives (*National Center for Child Death Review, Program Manual for Child Death Review, 2005*):

1. Ensure the accurate identification and uniform, consistent reporting of the cause and manner of every child death.
2. Improve communication and linkages among local and state agencies and enhance coordination of efforts.
3. Improve agency responses in the investigation of child deaths.
4. Improve agency responses to protect siblings and other children in the homes of deceased children.

5. Improve delivery of services to children, families, providers and community members.
6. Identify specific barrier and system issues involved in the deaths of children.
7. Identify significant risk factors and trends in child deaths.
8. Identify and advocate for needed changes for policy and practices and expanded efforts in child health and safety to prevent child deaths.
9. Increase public awareness and advocacy for the issues that affect the health and safety of children.

The team's focus is to seek out common links or circumstances that may be addressed to avert future tragedies.

METHODOLOGY

Deaths of children under the age of 18 years which occurred in Idaho during calendar year 2014 were reviewed. Deaths occurring out of state were not reviewed since pertinent records are not available for the team's use.

The designated CFR research analyst within Idaho Department of Health and Welfare's Bureau of Vital Records and Health Statistics identified the deaths using the Vital Records system and retrieved death certificates. A subcommittee met prior to each full review team meeting to screen the list of deaths by cause and identify possibly preventable deaths for further review. The subcommittee selected a death for further review when it met one or more of the following criteria:

- Death was due to an external cause
- Death was unexplained
- Death was due to a cause with identified risk factors

The subcommittee next identified what additional information was necessary for a comprehensive review. The CFR research analyst then requested information from the appropriate agency. The information may include:

- Death certificates
- Birth certificates (full form)
- Autopsy reports
- Coroner reports
- Law enforcement reports
- Transportation Department crash and injury reports
- National Transportation Safety Board reports
- Medical records
- Emergency medical systems records
- Child protection records

Although the team attempted to obtain all relevant records from the various agencies, the team does not have subpoena power and could not always obtain confidential records. Agencies are cooperative and responsive to information requests, overall. Agreements are now in place with

some Idaho hospitals to provide medical records to the team, while adhering to specific practices to safeguard patient privacy in compliance with Health Insurance Portability and Accountability Act (HIPAA). However, in the absence of subpoena power or statutory authority, the team continued to face barriers due to the inability to obtain certain records.

The challenges include:

- Incomplete or missing records such as coroner reports or law enforcement incident reports (not available, redacted, or refused on the basis of privacy concerns)
- Missing academic and behavioral records from schools, due to cited restrictions under the Family Educational Rights and Privacy Act (FERPA)

Of 187 child deaths occurring in Idaho in 2014, 103 were selected for detailed review by the CFR Team. Deaths that were not selected for full CFR Team review included most deaths due to extreme prematurity, malignancies and severe and/or multiple congenital anomalies.

2014 Deaths to Children (Birth to Age 18) Occurring In Idaho

	Total	Screened by CFR Subcommittee	Reviewed by CFR Team
Perinatal Conditions/Congenital Malformations	76	76	4
Unintentional Injuries (Accidents)	45	45	45
Suicide	18	18	18
Unexplained Infant Death (SUID)	21	21	21
Assault (Homicide)	5	5	4*
Malignancies	6	6	0
Flu/Pneumonia	3	3	3
Non-ranking/All Other Causes	13	13	8
	187	187	103

** One homicide case was pending criminal investigation and will be reviewed at a later session.*

The CFR Team met five times between May 2016 and February 2017 to conduct case reviews. Risk factors, systems issues, and recommended actions were identified for each case and were summarized by cause of death. If the team determined that additional records were needed to complete a thorough review for a specific case, that review was revisited at the next meeting using newly obtained information.

Information gathered from various sources and team conclusions were entered into the National Child Death Review Case Reporting System by the CFR analyst. A data use agreement between the Michigan Public Health Institute and the Idaho Department of Health and Welfare establishes the terms and conditions for the collection, storage and use of data entered into the case reporting system. Summary statistics from the case reporting system are used throughout this report.

LIMITATIONS

Records relevant to the circumstances leading to deaths are retained by multiple agencies and are often carefully guarded as sensitive and confidential information. Idaho's CFR Team does not have subpoena power and consequently, some information required for a thorough review was not released.

The CFR Team is aware that for the purposes of seeking medical treatment, some deaths to Idaho residents occur out-of-state following an illness or injury that initiated within the state of Idaho. While the team makes every effort to consult with CFR coordinators and agencies in neighboring states to obtain complete information, it acknowledges the limitation of that approach in identifying all relevant cases and supporting information.

Calculation of rates is not appropriate with Idaho's CFR data because not all child deaths are reviewed. Instead of rates, CFR statistics have been reported as a proportion of the total reviews. Sample sizes are often small which result in unstable results. Please use caution in interpreting changes over time or comparing demographic subgroups.

DATA NOTES

In addition to data based on the child deaths reviewed by the CFR Team, this report includes Idaho and U.S. mortality data from the Vital Statistics System. Mortality data is presented as a

way of understanding all child deaths to Idaho residents and their relationship to the subset of deaths selected for CFR Team review. Mortality data is based to all Idaho residents (regardless of where the incident occurred or where the child actually died) and CFR data is based to deaths occurring in Idaho. Mortality data may be based on aggregated years to provide larger population sizes, allowing for more stable analysis. Therefore, these data sources are not comparable.

Idaho Vital Statistics mortality trend data are from the Idaho death certificates and out-of-state death records for Idaho residents. Numbers of deaths by cause and rates are from the Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare. National rates are from the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

POPULATION

The total population of Idaho in 2014 was estimated at 1,634,464. Of that number, 431,080 were children under the age of 18 (26.4% of total).

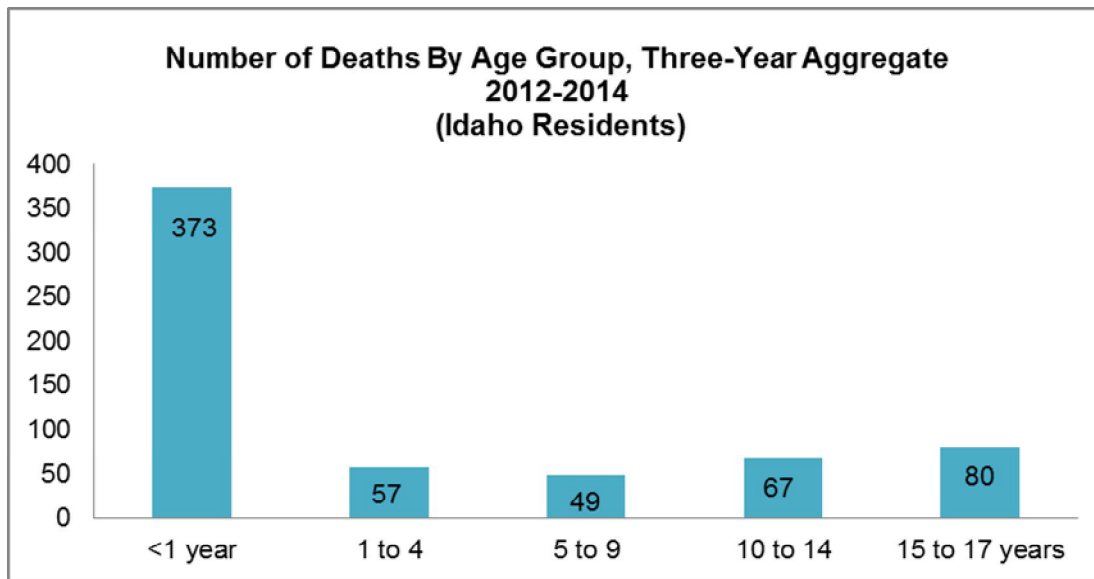
Population	Number	Percent
Idaho total	1,634,464	100%
Age 0-17	431,080	26.4%
<i>Residents, age 0-17 by sex</i>		
Males	220,606	51.2%
Females	210,474	48.8%
<i>Residents age 0-17 by race</i>		
White	403,843	93.7%
Black	7,996	1.9%
American Indian or Alaska Native	10,922	2.5%
Asian/Hawaiian/Pacific Islander	8,319	1.9%
<i>Residents age 0-17 by ethnicity</i>		
Hispanic	77,271	17.9%
Non-Hispanic	353,809	82.1%

Source: Census Bureau in collaboration with the National Center for Health Statistics.
Internet release date June 30, 2015

OVERVIEW

As a framework for single year death reviews, Idaho mortality data analyzed over longer periods provide insight to the major causes of child death and highlights any vulnerable demographic groups.

The number and cause of death to Idahoans under age 18 varied dramatically by age group. Among Idaho residents, there were 626 deaths to infants and children from 2012 through 2014. The majority (373) of those deaths were to infants (under 1 year of age). Common causes of infant deaths were birth defects and conditions originating in the perinatal period such as birth trauma, short gestation/low birth weight, maternal conditions, and complications during birth.



The race and ethnicity of children who died generally reflect the composition of the child population in Idaho:

Number of Deaths to Children Under Age 18 by Race and Ethnicity, Three-Year Aggregate 2012-2014 (Idaho Residents)	
<i>Non-Hispanic</i>	
White	478
Black	7
American Indian	13
Asian/Pacific Islander	6
<i>Hispanic (all races)</i>	118

For the three-year period of 2012 through 2014, the most common cause of death for infants was congenital malformations. Among children over 1 year of age, the leading cause of death was accidents, with suicide a distant second. While most accident fatalities were related to motor vehicle crashes, other accident types included drowning, fires and asphyxiation.

Ten Leading Causes of Death to Idaho Child Residents, Three-year aggregate, 2012-2014

Rank	Infants (<1 year-old)	Age 1-17
1	Congenital Malformations (93)	Accidents (115)
2	Short Gestation/Low Birth Weight (58)	Intentional Self-Harm (Suicide) (49)
3	Sudden/Unexplained Infant Death (39)	Malignant Neoplasms (17)
4	Maternal Complications of Pregnancy (30)	Congenital Malformations (14)
5	Complications of Placenta, Cord and Membranes (19)	Assault (Homicide) (12)
6	Accidents (14)	Diseases of Heart (6)
7	Tie: Neonatal Hemorrhage (6) <i>and</i>	Influenza and Pneumonia (4)
8	Intrauterine Hypoxia and Birth Asphyxia (6)	Tie: Chronic lower respiratory disease (2)
9	Hydrops Fetalis/ <i>not</i> hemolytic disease (5)	Septicemia (2)
10	Tie: Maternal complications unrelated to present pregnancy (4) <i>and</i>	Diabetes mellitus (2)
	Bacterial sepsis of newborn (4)	

SUDDEN UNEXPLAINED INFANT DEATH

Sudden Unexpected Infant Death (SUID) is the sudden death of an infant under one year of age, which remains unexplained after a comprehensive investigation. Though the exact cause is not known, most of these deaths occur while the infant is sleeping in an unsafe sleeping environment (www.cdc.gov/sids/about_suidandsids.htm).

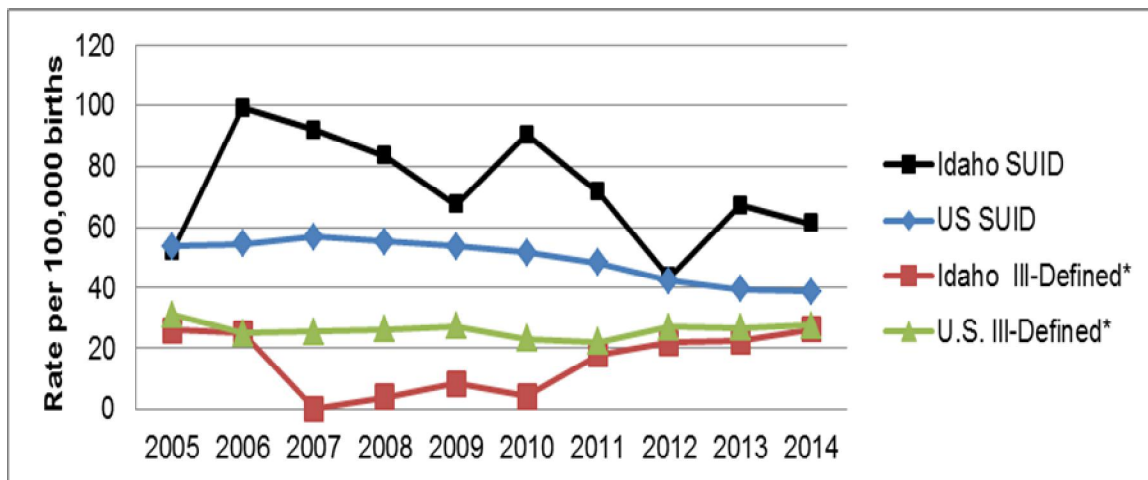
It is important to note that SUID is not reported uniformly. Infant deaths not meeting the CDC's definition of "SUID" (see above) may be reported as "other ill-defined and unknown causes of mortality." Historically, the SUID death rate has been higher for Idaho than for the U.S. overall while the rate of ill-defined infant deaths has been lower.

Idaho and U.S. SUID Resident Deaths (< age 1 year) and Rates per 100,000 Births, 2005-2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Number Idaho Resident SUID deaths	12	24	23	21	16	21	16	10	15	14
Idaho Resident SUID death rate	52.0	99.2	91.9	83.5	67.4	90.5	71.7	43.6	67.1	61.2
U.S. Resident SUID death rate	53.9	54.5	56.8	55.4	53.9	51.6	48.3	42.5	39.7	38.7

**Idaho and U.S. Ill-Defined Infant Resident Deaths (< age 1 year)
and Rates per 100,000 Births, 2005-2014**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Number Idaho Resident Ill-defined infant deaths	6	6	0	1	2	1	4	5	5	6
Idaho Resident Ill-defined death rate	26.0	24.8	0	4.0	8.4	4.3	17.9	21.8	22.4	26.2
U.S. Resident Ill-defined* death rate	31.2	24.9	25.3	26.3	27.2	23.0	22.1	26.9	26.8	27.4



*All other ill-defined and unknown causes of mortality: ICD-10 codes: R96-R99.
SUID deaths are shown mutually exclusive in the tables and graph: ICD-10 code R95.

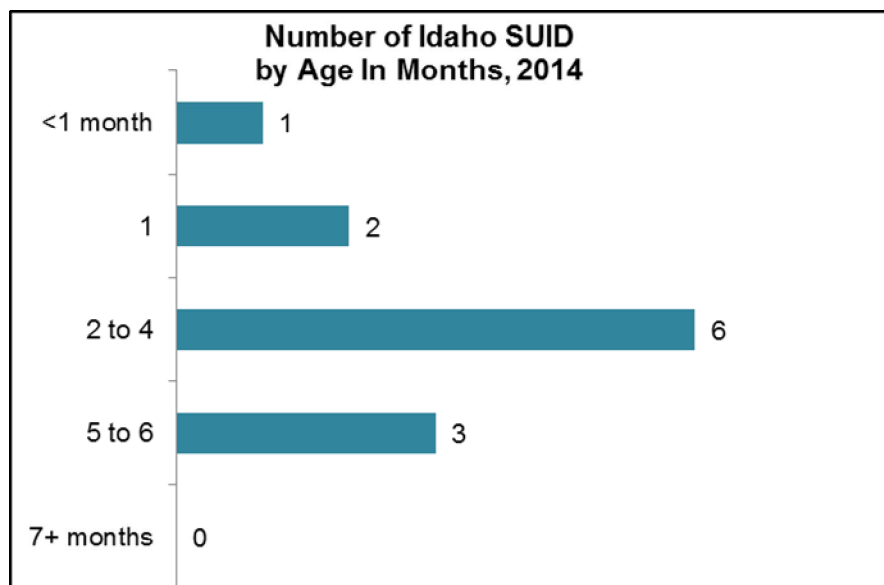
Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare
Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CFR Team Findings: Unexplained Infant Death

In 2014, there were 14 Idaho resident deaths listing an immediate cause of “Sudden Unexplained Infant Death,” “Sudden Unexplained Death in Infancy,” or “Sudden Infant Death Syndrome (SIDS).” Deaths listed with any of these immediate causes are collectively referred to throughout this report as “SUID”. Of those 14 deaths, 12 occurred in Idaho and were

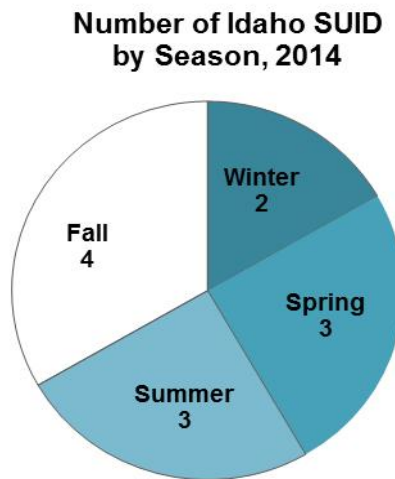
reviewed by the CFR Team. Because of their commonalities, the CFR reviewed the SUID cases along with 9 infant deaths of “undetermined” cause *and* manner, plus another 5 suffocation or asphyxiation deaths to infants (under 1 year of age) in the sleeping environment with a manner listed as “accident”.

According to the American Academy of Pediatrics (AAP), most SUID events in the U.S. occur when a baby is between two and four months old, and during the winter months. Of the 12 SUID cases in Idaho in 2014, one-half (6) occurred between two and four months of age.



[Based on 12 SUID cases]

In 2014, there was no clear relationship of SUID and seasonality in Idaho.



[Based on 12 SUID cases]

Systems Issues

As SUID is a diagnosis of exclusion to be made only if there is no other possible cause of death, a comprehensive investigation is essential. This includes an autopsy, scene investigation and health history. While improvements in recent years were observed, the CFR Team continued to find issues of concern in consistently investigating and coding unexplained infant deaths.

Autopsies

Autopsies were performed on all 12 of the SUID cases in 2014.

Scene Investigation and SUIDI Reporting Form

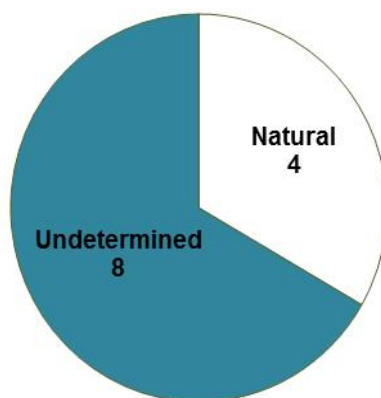
The Centers for Disease Control and Prevention (CDC) designed the Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) as a tool for investigative agencies to better understand the circumstances and factors contributing to unexplained infant deaths. The team was able to confirm that the SUIDIRF (or local equivalent) was used by law enforcement or coroner investigations for only 3 of the 12 reviewed SUID cases. The team continues to encourage use of the SUIDIRF (or local equivalent) to guide investigations and to consistently document findings.

Death Certificate Coding

The IDHW Bureau of Vital Records and Health Statistics provides guidelines for completing and certifying death certificates. Both *cause* and *manner* of death are documented on the death certificate by a coroner or physician following established guidelines. According to the Idaho guidelines, cause of death is “a simple description of the sequence or process leading to death.” Manner of death (natural, accident, suicide, homicide, or could not be determined) provides a broader classification for each death and should agree with the cause noted on the death certificate.

Idaho guidelines state that, “Deaths known to be not due to external causes should be checked as “Natural”. The manner coded on 2014 death certificates was inconsistent with the cause in one-third of the SUID cases.

**Number of Idaho SUID
by Certified Manner of Death, 2014**



[Based on 12 SUID cases]

In addition to these systems issues, the team found one instance in which the surviving twin of a SUID victim was not medically evaluated as part of the coroner's investigation. This additional information might have identified additional factors contributing to the infant's death and possibly identified medical and/or environmental risks to the living twin.

Drug Testing of Parent or Caregiver

In one-half (6 of 12) of the 2014 SUID cases, questions arose as to the possible drug or alcohol impairment of the parent or caretaker in the period prior to the infant's death. These questions were based on information from incident reports noting the presence of drugs or alcohol in the home, and/or observations of the caretakers' demeanor. The team recommends toxicology testing of caretakers when impairment is suspected to better understand the circumstances leading to the infant death.

Common Factors and Associations

The CFR Team observed the following associations among the 2014 Idaho SUID and infant deaths of undetermined cause (ranked by frequency with number of instances in parenthesis):

1. Unsafe/unsanitary living conditions (11)
2. Improper sleep environment/unsafe sleep surface (10)
3. Prenatal smoking (8)
4. Co-sleeping (7)
5. CPS history in family (5)

Tie:

6. Never breastfed (4)
7. Alcohol impairment by caregivers (4)

Tie:

8. Substance abuse(non-alcohol) (3)
9. Delay in calling 911/seeking emergency care (3)
10. Mental health issues of caretaker (3)
11. Smoking in home (3)

Tie:

12. Improper sleep position (2)
13. Single parent household (2)
14. Premature birth (2)
15. Improper feeding/propped bottle (2)

[Based on 21 SUID/undetermined infant deaths]

The team's observations of "unsafe/unsanitary living conditions" were based on descriptions and/or scene photographs provided in law enforcement, coroner, or child protective service (CPS) reports. Examples of described unsanitary conditions included the presence of animal feces and/or uncontained food waste in the home environment. Some reports described infants

in heavily soiled diapers, clothing, or bedding. Instances of unsafe environment typically related to living areas cluttered with hazardous objects within the path or reach of children (e.g. illicit drugs/paraphernalia, medications, cigarette ashes/vaping pipes, sharp objects or large trip hazards).

As per AAP guidelines, improper sleep environment/unsafe sleep surface was noted when an infant was placed to sleep on any type of furniture or other object that was not intended for infant sleep (e.g. adult sized bed, couch/recliners, floor) or on surfaces with thick bedding, toys, or other objects.

Child Abuse Prevention and Treatment Act (CAPTA) provides minimum standards for legally defining abuse or neglect (P.L. 108-36) as “Any recent act or failure to act on the part of a parent or caregiver, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act which present an imminent risk of serious harm.” Law enforcement officers and CPS practitioners routinely face the challenge of interpreting the legal definition of abuse and neglect within the context of the developmental level of the child and resources available to the family. A white paper published by ACTION for Child Protection, Inc.(January 2008) recognized the difficulty that CPS and law enforcement agencies have in determining what types of conditions present a significant, direct threat to a child’s health and safety. Their guidance focuses the concern for a “serious, immediate, acute effect on a child’s physical health.”

While it is not the goal of the CFR Team to identify conditions that meet the legal standard of child neglect based on secondary accounts, they felt it was useful to record the number of cases that described unsanitary or unsafe conditions. The fact that more than half of the SUID cases shared the commonality of unsanitary conditions and/or unsafe home environment helps to better understand the circumstances involved in these tragic incidents. Highlighting safety hazards that may be addressed by parents, CPS case workers and law enforcement may prevent similar cases in the future.

Accidents in the Sleeping Environment

In addition to these 21 SUID and infant deaths of undetermined cause, the CFR Team reviewed 5 infant or toddler deaths with a manner of “accident.” All of these occurred in the sleeping

environment. Similar factors were repeatedly observed in these cases--most notably co-sleeping (4), improper sleep environment (4) and tobacco smoke exposure (2).

Recommended Actions for Understanding and Preventing SUID

In 2016, the American Academy of Pediatrics (AAP) released updated safe sleep guidelines to protect infants up to 1 year of age (www.aappublications.org/news/2016/10/24/SIDS102416).

The new recommendations are based on data from 63 new studies and a clinical report on the benefits of skin-to-skin care for newborns. As in the past, guidelines emphasize the importance of placing infants to sleep on their backs, in their own uncluttered crib or bassinet, and avoiding exposure to smoke. However, they now include warnings against the use of soft bedding and of infants sleeping on couches and armchairs. While room sharing with parents (for the first 6 to 12 months) and breastfeeding is encouraged, parents must be mindful of the danger of falling asleep while feeding the baby. Swaddling has not been shown to reduce the risk of SUID and in fact, may present a risk of impaired mobility for infants who are just learning to roll.

Idaho's CFR Team identified a need for more consistent utilization of a SUID Investigation Reporting Form by coroners and law enforcement. While the CDC makes a form available, the team supports the development of a simplified, alternate version of this tool for use at the state level.

For Coroners

The CFR Team found improved compliance by Idaho coroners in coding cause and manner of death on certificates and in routinely performing autopsies for unexplained infant deaths. However, there continued to be a high number of SUID cases that were coded inconsistently on death certificates. The team urges coroners to follow Idaho and CDC guidelines in classifying cause and manner of death. Coroners should certify the cause of death as SUID only when all external causes have been ruled out. Therefore, *all* unexplained infant deaths should be coded with a manner of "Could not be determined."

Coroners are encouraged to with law enforcement agencies and medical personnel to complete a thorough investigation in these types of infant deaths. Consistent usage of the CDC's SUID Investigation Reporting Form (www.cdc.gov/sids/SUIDRF.htm), or local equivalent, is recommended to properly guide these investigations. Thorough investigations (including home

environment, incident re-enactments, family medical history, etc.) and consistent documentation helps to identify commonalities and risk factors which can prevent future deaths.

For Public Health Agencies

IDHW Maternal and Child Health programs can continue to support CFR Team recommendations through coordination with outside agencies and by educating parents on known SUID risks. Local public health agencies can reinforce safe sleep messages as part of public education campaigns.

Along with a higher risk of SUID deaths in families with a CPS case history, the team found a high incidence of unsafe and unsanitary home conditions while reviewing infant deaths. Case workers should review new AAP safe sleep recommendations and encourage parents to comply. Because of the risk for falling asleep during late night feedings they should be sure that mothers understand that the protective factors of breastfeeding does not negate the high risk of co-sleeping. CPS professionals are often in a unique position to identify problematic sleep environments and other hazards during home visits and can play a role in educating caretakers.

The team found multiple incidents where the primary caretaker had known mental health concerns and was out of compliance with the prescribed treatment. Additional mental health resources throughout Idaho are warranted in order to support parents as they provide for their children at the most vulnerable stages of development.

For Law Enforcement

The team found that for some infant deaths, investigation reports did not provide enough information to uncover possible risk factors contributing to deaths of undetermined cause and manner. Notably in 2014, there were 8 cases in which it was implied that the parent or supervisor may have been impaired by drugs or alcohol, but toxicology testing was not uniformly conducted. Toxicology testing of parents/caretakers should be considered when impairment may have been a contributing factor in the incident. Thorough investigations include reviews of home environment, incident re-enactments, and family medical history. Consistent use of the CDC's SUID Investigation Reporting Form (www.cdc.gov/sids/SUIDRF.htm) can help guide investigations and ensure that all pertinent information is captured so that other possible causes of death may be identified or ruled out.

For Health Care Providers

Health care professionals can help educate parents on the protective factors of prenatal care, breastfeeding and encourage them to follow the recommended immunization schedule. They should endorse safe sleep guidelines and model them at medical facilities.

In accordance with the new AAP recommendations, parents should be made familiar with SUID risk factors such as soft sleep surfaces, tobacco smoke exposure, co-sleeping/bed-sharing, and alcohol or drug use by caretakers. Recent research has found no evidence to recommend swaddling in reducing SUID risk.

Breastfeeding and room sharing with infants for the first 12 months is strongly encouraged by the AAP. However, because of the risk of falling asleep while breastfeeding in bed, nursing mothers are advised to place the infant in his/her own bed once feeding is complete. Health care providers can promote awareness suffocation risk when the mother falls asleep and the infant is repositioned.

Hospitals are encouraged to implement the safe sleep certification program offered through Cribs for Kids® National Infant Safe Sleep Initiative (www.cribsforkids.org)

For Parents and Child Care Providers

Parents and caretakers should familiarize themselves and comply with the new AAP safe sleep recommendations (www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx).

Infants should be placed on their back to sleep until they are 1 year old. The safest place to sleep is in their own crib or bassinet, on a firm sleeping surface, free of soft objects and loose bedding. As a simple reminder, AAP recommends these “ABCs” of safe sleep:

A for the baby sleeping *Alone*.

B for *Back* sleeping

C for sleeping in an uncluttered *Crib*

Breast feeding and staying current with immunizations have both been shown to significantly reduce the risk of infant death. AAP recommends that the infant's sleep area be in the same room (but *not* the same bed) as the parents for at least 6 months (ideally for the first year) to make it easier to feed and comfort the baby. When breastfeeding in bed, mothers should be sure to return the infant to his/her own crib or bassinet once feeding is complete, to avoid suffocation risk. Parents should avoid alcohol and drug use while caring for an infant, as impairment can make it difficult to wake up and respond to an infant.

Parents and caretakers should be especially mindful of sleep environment when the infant is away from home. Couches, recliners and strollers are unsafe surfaces for infants. Car seats are not a safe substitute for an infant bed and should not be used for prolonged duration of sleep for infants. A safer alternative when away from home is a portable crib such as a playard (e.g. "Pack 'n Play"). Consumers are warned not to rely on marketer's claims of safe sleep products for infants. Wedges, positioners, special mattresses and heart/breathing monitors have not been shown to reduce the risk of SUID.

The CFR Team urges parents to maintain a safe and hygienic home environment that is uncluttered and free of hazardous objects. Infants may be more susceptible to infections when exposed to bacteria that result from unwashed clothing, bedding, dishes, spoiled food and animal waste. Care should be taken to see that medications/drugs, tobacco products, cleaning supplies and sharp objects are kept out of the reach of children.

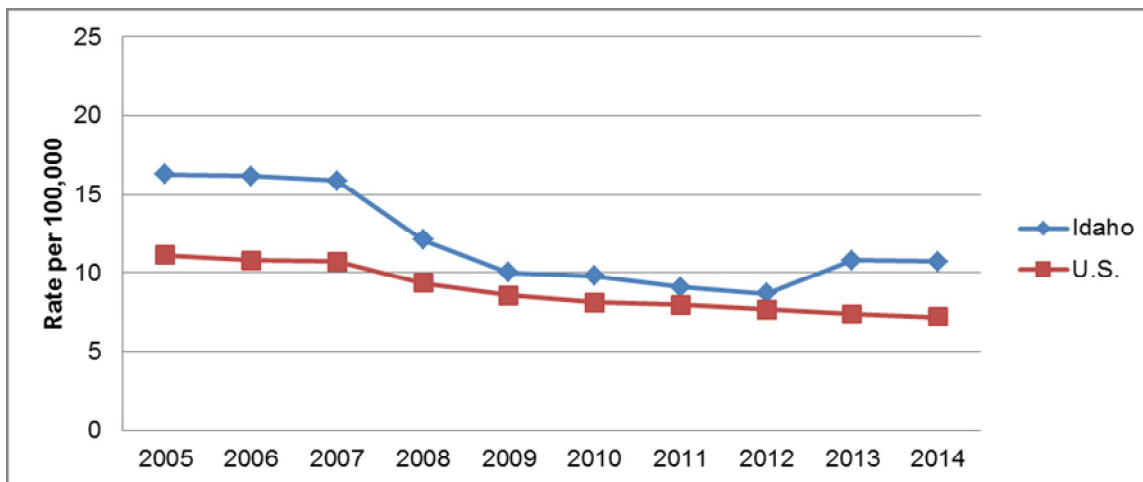
Because of the known risk to infants from tobacco smoke exposure, it must be stressed that there is no safe level of smoking during pregnancy. In addition, infants should never be exposed to second hand smoke. Idaho's Project Filter offers the "Quit Now" program to support smoking cessation efforts: www.quitnow.net/idaho

UNINTENTIONAL INJURIES

Unintentional injuries (accidents) are those that were not planned or inflicted by another person. Nationally, the leading causes of fatal accidents are motor vehicle collisions, drowning, fires, falls, and poisoning. In 2014, the rate of accident deaths in Idaho was significantly higher than for the U.S. overall.

Idaho and U.S. Accident Deaths (Age <18) and Rates Per 100,000, 2005-2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total number										
Idaho Resident										
accident deaths	61	64	65	50	42	42	39	37	46	46
Idaho Resident										
accident death rate	16.3	16.2	15.9	12.1	10.0	9.8	9.1	8.7	10.8	10.7
U.S. Resident										
accident death rate	11.1	10.8	10.7	9.4	8.6	8.1	8.0	7.7	7.4	7.2

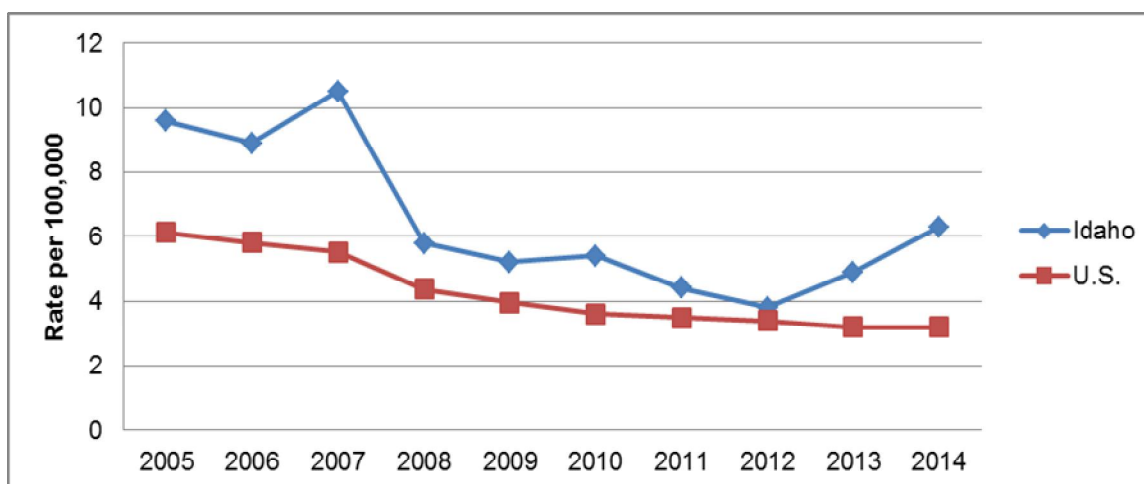


Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare

Following a sharp decline in 2008, Idaho's rate of child motor vehicle fatalities has increased in recent years. In 2014 the state's motor vehicle death rate was significantly higher than for the U.S. overall.

**Idaho and U.S. Motor Vehicle Accident Deaths (Age <18)
and Rates per 100,000, 2005-2014**

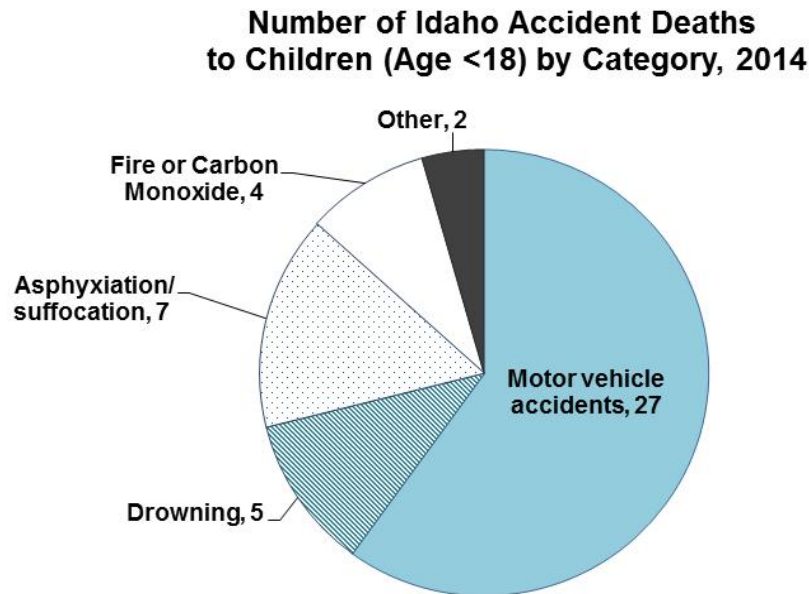
	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total number										
Idaho Resident										
accident deaths	36	35	43	24	22	23	19	16	21	27
Idaho Resident										
accident death rate	9.6	8.9	10.5	5.8	5.2	5.4	4.4	3.8	4.9	6.3
U.S. Resident										
accident death rate	6.1	5.8	5.5	4.4	4.0	3.6	3.5	3.4	3.2	3.2



Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare
Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CFR Team Findings: Accidents

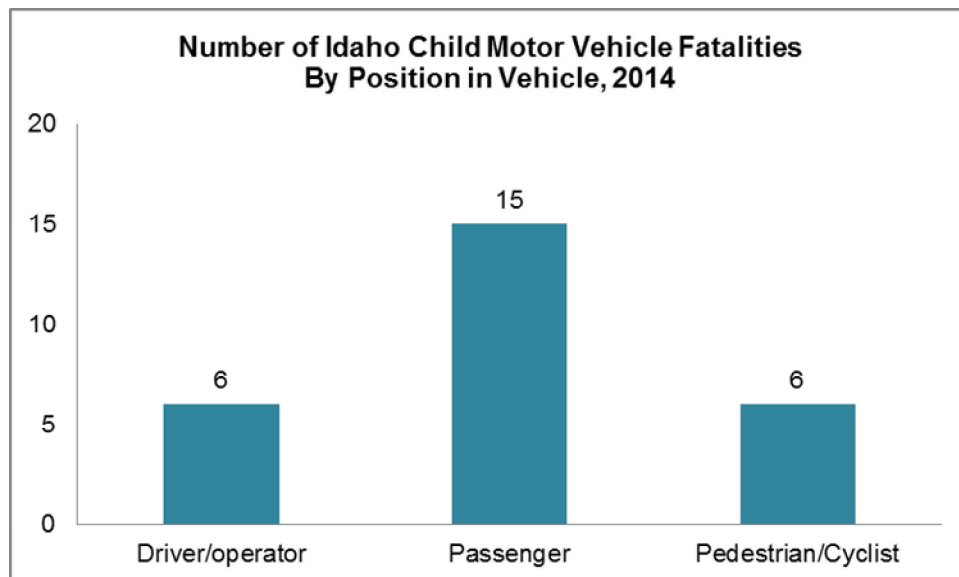
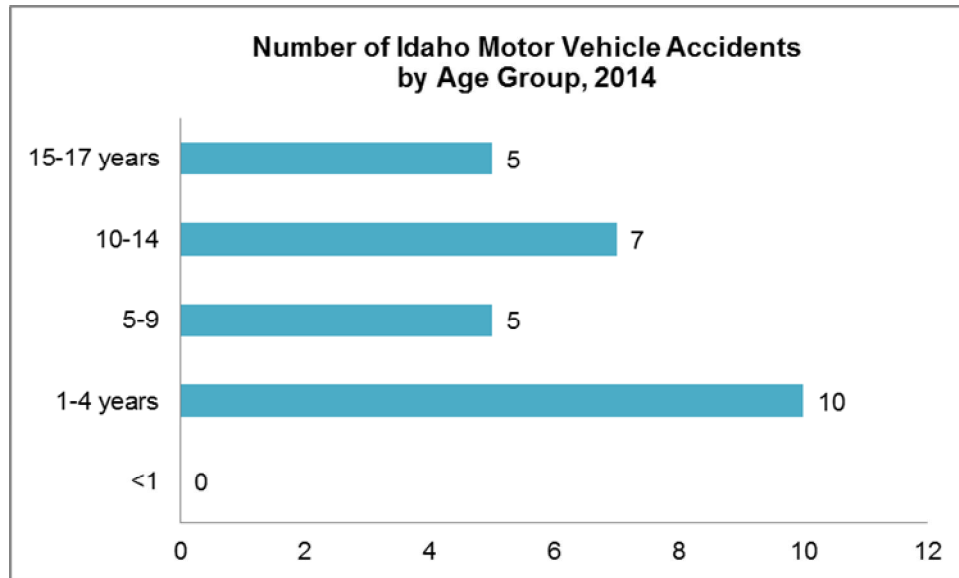
There were 45 accident deaths to children occurring in Idaho in 2014. The majority (6-in-10) were motor vehicle accidents. Drowning deaths accounted for another 5 of these cases. The 2 “other” accidents resulted from 1 alcohol toxicity incident and 1 injury inflicted by a farm animal. Of the 7 accidental suffocation or asphyxiation deaths, 5 were to infants or toddlers and are discussed in this report’s section on SUID.



[Based on 45 accident deaths]

MOTOR VEHICLE ACCIDENTS

The CFR Team reviewed the 27 motor vehicle deaths that occurred in Idaho in 2014. A sizeable number of the victims were toddlers or preschoolers (aged 1 to 4 years). Most were male (16 males, 11 females). The majority (15) of the victims were passengers while 6 were drivers (or operating a vehicle off-road) and 6 were pedestrians.



[Based on 27 motor vehicle fatalities]

Because 2 of these accidents resulted in multiple fatalities, there were actually 25 separate motor vehicle accidents accounting for the 2014 child deaths. Further, 4 of the accidents occurred off-road (one motorcycle, one snowmobile and two ATVs). The following findings are based on the remaining 21 *traffic* accidents.

Vehicle Type

In 2014, cars were involved in traffic fatalities more often than other types of vehicles. Six of the accidents involved motor vehicles striking pedestrians or cyclists. Most (4 of 6) of the pedestrians or bicyclists were under four years of age. Inadequate supervision was a common factor in the pedestrian and cycling accidents.

Vehicle type of 2014 Idaho Accidents (child as occupant)

Car	Pick-up or truck	SUV, Bus or Van	Pedestrian or bicycle
9	2	4	6

[Based on 21 motor vehicle traffic accidents]

Teen drivers

In 2014, 5 of the traffic accidents involved a teen driver. Many of the same risk factors (multiple passengers, late night driving, alcohol or drug impairment, unlicensed or restricted license violations, no seat belts) were observed in these incidents.

Off-road vehicles

In 2014, there were 4 *non-traffic* accidents to children riding or operating recreational vehicles off-road. Vehicle types included ATVs (2 accidents), a motorcycle (1), and a snowmobile (1). In all except one of these accidents, the fatally injured child was driving/operating the vehicle. The ages of the vehicle operators ranged from 10 to 14 years old. Neither of the ATV operators was wearing a helmet at the time of the crash.

Seat Belt and Safety Restraint Usage

Idaho Statute 49-673 mandates that seat belts are worn by all occupants whenever a vehicle is in motion, except under certain specific conditions. When used properly, National Highway Traffic Safety Administration (NHTSA) estimates that seat belts (lap/shoulder belts) reduce the risk of fatal injury to front seat passenger car occupants by 45 percent. Further, NHTSA estimates that the combination of an airbag plus a lap/shoulder belt reduces the risk of serious head injury among drivers by 85 percent.

Idaho's Child Passenger Safety Law requires that all children six years of age or younger be properly restrained in an appropriate child safety restraint. An appropriate child safety restraint is a safety seat for children up to 40 pounds and a belt-positioning booster seat for children aged six years or younger. While Idaho law does not explicitly dictate children's position in a vehicle, the NHTSA states that the rear seat is the safest place for children of any age to ride.

Improper safety restraint use continued to be a factor in the 2014 motor vehicle fatalities. Of the 23 traffic fatalities, 11 of the victims were not using an age appropriate safety restraint (seat belt or child safety seat). One of the accidents involved an older model vehicle which was not equipped with air bags.

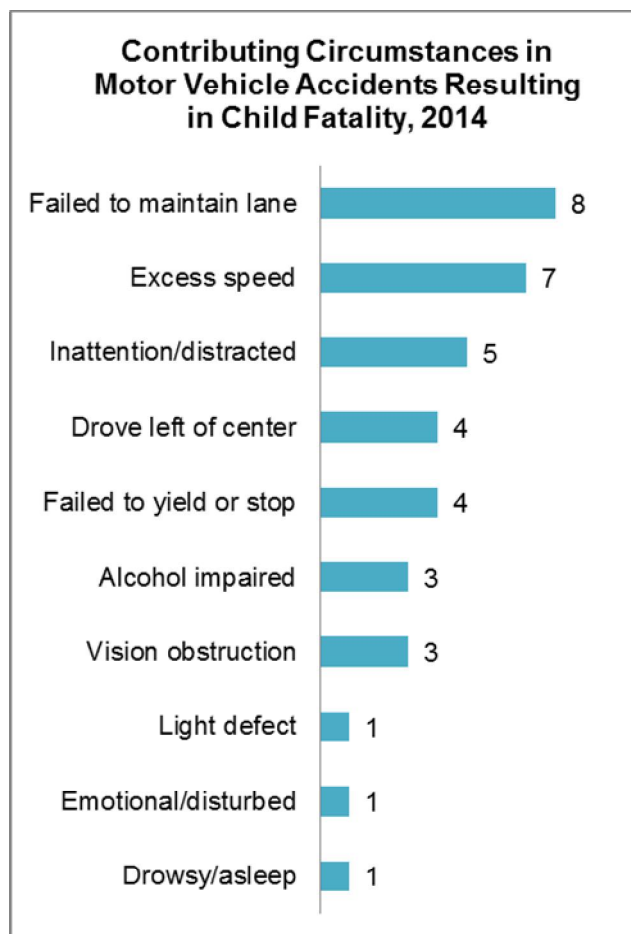
Safety Restraint Not Used

Seat belts not used	Air bags (not present)	Child safety seats/booster seats not properly used
6	1	5

*[Based on 23 **motor vehicle traffic** fatalities]*

Contributing circumstances

For each vehicle involved in a traffic collision, the investigating officer may indicate up to three circumstances that contributed to the resulting accident. These are summarized in Idaho Transportation Department (ITD) crash reports. The most commonly cited circumstances in the 2014 motor vehicle traffic accidents were failing to maintain the lane, excess speed, and inattention/distraction.



Excess speed includes "too fast for conditions" and "exceeded posted speed"

*[Based on 21 **motor vehicle traffic** accidents]*

Systems Issues

The CFR Team found that certain key details were missing from the ITD crash report form. Specifically, the current form does not include a field for the officer to enter the actual speed of the vehicle prior to the collision. The narrative section did not consistently provide all of the pertinent details and left the team with unanswered questions. For example, at times the team was unclear as to whether toxicology testing was conducted on all drivers involved in the crash.

Inattention or distracted driving continued to be a frequent factor in motor vehicle accidents. Additional information pertaining to the role of electronic devices and other common types of distractions while driving could aid in identifying focus areas for prevention messages. The team felt that detailing the specific source of distraction on the ITD form (e.g. handheld phone, radio, pet, passengers, etc.) would improve the analysis of preventable factors.

Common Factors and Associations

Along with the contributing circumstances obtained from ITD crash reports, Idaho's CFR Team separately captured common factors which may have played a role in these accidents. This additional step provides information which may be used to increase the safety of children as opposed to strictly identifying direct causes of accidents. Some of the factors identified by the team (such as multiple passengers or not using seat belts) may not directly *cause* accidents but may increase the likelihood of an accident occurring. The Idaho CFR Team identified the following top common factors in the 2014 motor vehicle accidents (ranked by frequency with number of instances in parenthesis):

1. Alcohol or drug impairment (8)
2. Seat belts not used (6)
3. Child safety seats not used (5)

Tie:

4. Drug impairment (4)
5. Late night driving (4)
6. Unlicensed driver (4)
7. Excessive speed (4)

Tie:

8. Teen driver with multiple passengers (3)
9. Inadequately supervised child pedestrian (3)
10. Hazardous road conditions (2)

*[Based on 21 **motor vehicle traffic** accidents]*

The team considered the seasonal impact associated with motor vehicle accidents. The 2014 accidents most often occurred in the spring (8 of 21 accidents) or summer (8) when more cars tend to be on the road. Hazardous road conditions played a possible role in all 3 of the accidents occurring during the winter months. The remaining 2 accidents were during fall months.

Recommended Actions for Preventing Motor Vehicle Accident Deaths

Many of the recommendations for preventing motor vehicle accident deaths are related to public education and are best targeted to teen drivers and their parents or to parents of young children. Coordination between law enforcement and other public agencies like ITD and the State Department of Education (SDE) will permit optimal resource utilization and ensure consistent messaging.

For Parents and Teen Drivers

Off-Road Vehicle Safety

Snowmobiling, motorcycle and ATV riding on private lands and recreational areas are popular activities for many young people. However, parents should recognize that even when following precautions and protective laws, these are inherently risky sports. Parents are urged to take steps to ensure that young riders follow safety precautions and know how to use off-road vehicles safely.

Idaho Parks and Recreation (IDPR) details the legal requirements for operating snowmobiles and offers safety tips and recommended places to ride (<https://parksandrecreation.idaho.gov/activities/snowmobiling>).

IDPR offers the following snowmobile safety basics for riders of all ages:

- Let someone know where you are going and when you expect to return.
- Keep to the right on snowmobile trails.
- Don't ride alone; two snowmobiles traveling together are much safer than one.
- Don't drink alcohol and ride.
- Carry basic emergency and survival equipment (e.g. avalanche beacon/shovel, first aid kit, map/GPS, vehicle tool kit, waterproof matches or disposable lighters, rope, high energy food, plastic tarp).
- Be familiar with your snowmobile; try short trips and practice in open areas to become thoroughly familiar with its controls and operation before going on extended trips.
- Always wear appropriate safety gear. At a minimum, this should include a helmet, shatter resistant eye protection or face shields, long sleeves/pants, with gloves and boots that cover the ankle. Use sunscreen to protect your skin from sunburn.

Idaho law requires that any person without a valid motor vehicle license who wishes to operate an ATV or motorcycle on US Forest Service roads take an IDPR-approved safety course.

Riders under age 16 must be supervised by an adult

(<https://parksandrecreation.idaho.gov/activities/atv-motorbike>).

Even when not mandated by law, ATV riders are urged to use caution and follow safety recommendations. Kids Health (http://kidshealth.org/parent/firstaid_safe/travel/atv-safety.html#) suggests the following guidelines for ATV riding:

- Take a safety certification program to learn how to operate an ATV safely.
- Ride an ATV that's right for your size and age (following manufacturer recommendations)
- Wear an approved helmet and eye protection. (Idaho law requires helmets for riders and operators under age 18).
- Wear long pants, long sleeves, gloves, and over-the-ankle boots to help prevent scrapes and cuts.
- Only ride during daylight hours.
- Ride at a safe speed on a designated ATV trail.
- Know basic first aid to treat minor injuries, and be able to get help in an emergency.
- Do **not** exceed the limit of passengers allowed by the manufacturer.
- Do **not** allow kids and teens to drive another passenger.

Safety Restraints

As in past years, the CFR team again found evidence that improper safety restraint usage played a significant role in the 2014 fatalities (11 of the 21 traffic accidents involved children or teens who were not using an age-appropriate seat belt restraint or safety seat). Many of the fatal injuries resulting from traffic accidents may have been less severe or prevented entirely with proper seat belt or safety seat use. Drivers should be aware that Idaho state laws for child safety restraints differ from national recommendations.

In Idaho, use of a seat belt or child safety seat is legally required for drivers and vehicle occupants of all ages.

Idaho's Child Passenger Safety Law requires that all children six years of age or younger be properly restrained in an appropriate child safety restraint. However, the National Transportation Safety Board (NTSB) recommendations base recommendations on height and weight as well as age (booster seats until 4 feet 9 inches OR eight years old).

To ensure that the correct safety seat is used and installed correctly, ITD recommends routine inspection by a trained professional. Safety seat check sites throughout Idaho may be found at following website: www.safercar.gov/cpsApp/cps/index.htm

Impaired Driving

The CFR Team found that drug or alcohol impairment was a factor in more than one-third of the 2014 traffic accidents they reviewed (8 of 21). This is consistent with IDT reports stating that 39 percent of *all* traffic fatalities that year involved an impaired driver (ITD Traffic Crash Report, 2014).

Idaho law prohibits operating a vehicle with a blood alcohol concentration (BAC) of .08 or above. For drivers under the age of 21 the BAC limit is .02 and violations may result in a suspended license.

The team urges drivers to be aware of the dangers using prescription and illicit drugs while driving, as well.

All drivers should strictly avoid *any* level of alcohol and narcotic use before getting behind the wheel. Parents can establish clear guidelines and create advance plans about how their teens will get home safely when they (or their drivers) have been drinking or using drugs.

Safe Driving Habits

The increased use of electronic devices has been repeatedly linked to distracted driving accidents. The National Highway Transportation Safety Administration (NHTSA) reports that young drivers have been observed manipulating electronic devices at higher rates than older drivers (www.nhtsa.gov/risky-driving/distracted-driving).

In addition, having multiple passengers in a car with a teen driver has been repeatedly found to be a common risk factor in many accidents. Parents should take steps to make sure teen

drivers are able to maintain focus while driving. In addition to learning safe driving techniques, teens should be prohibited from driving late at night with other passengers whenever possible.

The Idaho Teen Driving program offered by ITD aims to improve the practice of safe driving among young adults and provide an avenue for learning safe driving skills. Resources and information can be found at: <http://www.idahoteendriving.org>

Pedestrian and Bicycle Safety

Walk Smart, a publication of ITD and Idaho Highway Safety Coalition (<http://itd.idaho.gov/safety/>) reminds parents of the vulnerability of young children in navigating roadway and traffic environments. Children under age 10 have short attention spans combined with undeveloped sight and sound perception. They may have limited understanding of traffic signals and patterns and their shorter physical stature makes them difficult for motorists to spot. Parents and caregivers can role model safe behavior and should closely supervise children when walking or biking near roadways, driveways, and parking lots. Drivers should use extra caution when driving near schools and parks or anywhere that children may be present.

For Public Transportation Agencies

ITD's recent campaigns already address many of the top causes of child motor vehicle fatalities in Idaho. Messages promoting seat belt/safety restraint use, bicycle safety and warnings of impaired and distracted driving should continue to be key messages based on CFR findings. Other opportunities may exist related to strengthening laws and/or education related to safety seat installation checkpoints and pedestrian safety. While child fatalities related to ATV, motorcycle and snowmobile riding typically occur off-road, there may be opportunities to increase public awareness of safe riding through collaboration with recreational and public health agencies.

The CFR Team recommends updates to the ITD crash report forms to ensure that they completely capture relevant information pertaining to the cause of the accident. Specifically, they request: 1) the addition of a field for the estimated speed of vehicles at the time of the crash and 2) the addition of specific phone/device usage fields (including whether the device

was handheld or hands free/Bluetooth[®] enabled) as options for the “contributing circumstances” listed on the form.

For Law Enforcement

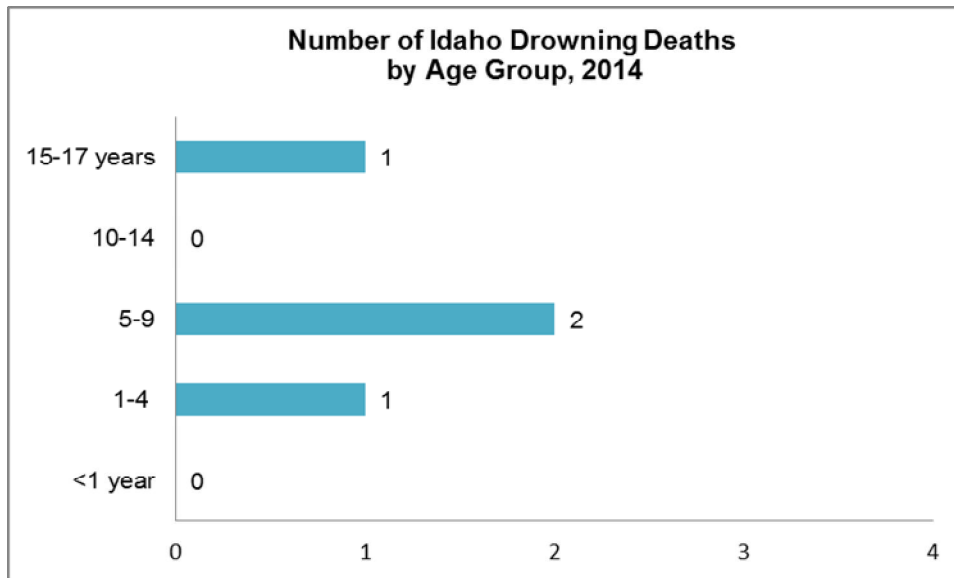
State and local law enforcement agencies can continue to support public education of safe driving practices through social marketing campaigns as well as through officer presentations at schools and community groups.

In completing narrative sections of ITD crash report forms, officers are encouraged to provide details such as estimated vehicle speed and source of driver distraction (e.g. cell phones, passengers) as a contributing cause of accidents. Although not currently required fields, this will increase understanding of the cause of accidents and may lead to improved preventive efforts.

The team recommends strict enforcement of alcohol and drug impairment laws and supports ongoing public education as a way of reminding drivers of the potential consequences. While most drivers are educated on the dangers of drunk driving, they may not realize that many prescription drugs can potentially cause impairment, as well.

DROWNING

The team reviewed the 4 drowning deaths that occurred in Idaho in 2014. While the circumstances and risk factors varied widely, all of these drowning incidents occurred in open water.



Number of drowning deaths by location

Body of water	#
Pond	2
River	1
Canal	1

[Based on 4 drowning deaths]

Common Factors and Associations

One of the 2014 drowning victims was a toddler and one was a teenager. The remaining 2 victims drowned in the same incident after falling in a frozen pond.

The CFR Team found that inadequate supervision was a factor in 3 of the drowning deaths. One of the incidents occurred in an unlicensed family child care setting. In one incident, a child's play area bordered an irrigation canal without an intact fence or other safety barrier.

1. Inadequate supervision (3)
2. No licensing or safety checks of child care facility (1)
3. No barrier/fence to open water (1)

[Based on 4 drowning deaths]

Systems Issues

The team identified a need for stricter regulations and monitoring of family child care facilities. Facilities and family child care homes registered with the Idaho Child Care Program (ICCP), which provides child care subsidies to low-income families, have a safety inspection at the time of application and one annually thereafter. However, license-exempt family child care homes (6 or fewer children in care) do not require inspection if they are not participating with ICCP unless required by local city/county ordinance.

Recommended Actions for Preventing Drowning Deaths

According to the CDC (www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html), the main factors that affect drowning risk include lack of swimming ability, lack of barriers to prevent unsupervised water access, lack of close supervision while swimming, failure to wear life jackets, and alcohol use.

For Public Health Agencies

The team identified the need for continued water safety messaging for a general audience. Warnings of the unpredictable nature of rivers, lakes and reservoirs should be directed to teens as well as parents of young children.

The team recommends that public education campaigns emphasize the importance of closely supervising children while near the water and to verify swimming ability of older children before allowing them in open or deep water. Water safety messaging should also stress the importance of and legal requirements for wearing personal flotation devices while participating in water sports.

Family child care facilities may be unlicensed and unregulated. Stricter regulations for these environments and routine monitoring may prevent future tragedies.

The continued emphasis of canal safety in public service messaging may play an important role in reducing deaths and injuries to Idaho children.

For Parents and Child Care Providers

The 2014 drowning deaths highlight the danger of open water at all times of year. Icy lakes and ponds, swift moving canals, creeks and rivers can all be hazardous to children playing near the water. Past CFR Team recommendations have urged parents to remain within arm's reach of young children while swimming. Those supervising children near water should avoid alcohol and drug use so that they remain alert and vigilant. In addition, parents should be mindful of the possibility of children accessing or slipping into open water from yards, parks or walking paths. Fences and barriers should be installed and carefully maintained on private properties, especially when young children may be present.

On a national basis, most drowning accidents to teenagers occur in natural water settings. Drop-off points in lakes and rivers, fast moving currents, and large, loud groups of swimmers can present distinct water safety challenges. Older children may have never had the opportunity to develop strong swimming skills and may be reluctant to admit their limited abilities to their peers. Swimmers of all ages should be encouraged to use floatation devices and to avoid swimming alone, especially in open water. Parents should warn teens of the high risk of alcohol consumption while engaging in water sports and swimming (www.cdc.gov/HomeandRecreationalSafety/Water-Safety/waterinjuries-factsheet.html).

Idaho law mandates that children aged 14 and under wear an approved life jacket when they are aboard any boat (including power or sail boats, canoes, rafts, and fishing float tubes) that is 19 feet in length or less. Regardless of age, a personal flotation device (PFD) must be worn aboard personal watercrafts (jet ski) and when being pulled behind a vessel as in waterskiing or wakeboarding (<https://parksandrecreation.idaho.gov/activities/boating>).

FIRE AND CARBON MONOXIDE INHALATION

In 2014, one residential fire caused by improper use of a small heating appliance resulted in the deaths of 2 children. Two other children died of carbon monoxide exposure related to a malfunctioning home appliance.

The National Safety Council (NSC) studies have shown that a working smoke alarm cuts the chances of dying in a house fire in half. The NSC offers safety tips in the event of a house fire such as planning an escape route and teaching family members how to use fire extinguishers, which should be stored in accessible areas of the home (www.nsc.org/learn/safety-knowledge/Pages/safety-at-home-fires-burns.aspx).

The CFR Team recommends proper installation of smoke and carbon monoxide detectors in the home near sleeping areas. Batteries should be checked and replaced at least twice per year. Landlords should be aware that Idaho law requires the installation of working smoke detectors in all rental units. Tenants are responsible for checking and maintaining smoke detectors throughout the rental period (<https://legislature.idaho.gov/idstat/Title6/T6CH3SECT6-320.htm>). City ordinances may have other requirements pertaining to smoke detector and carbon monoxide detectors (including responsibility for maintenance and required locations) in rental properties.

The CDC reports that more than 400 Americans die each year from carbon monoxide poisoning not linked to fires (<https://www.cdc.gov/co/fags.htm>). Carbon monoxide is found in the fumes produced by cars, small engines, fireplaces, gas ranges, water heaters and furnaces. This odorless gas can build up indoors and poison people and animals. Symptoms can appear “flu like” and include headache, dizziness, weakness, upset stomach, vomiting, chest pain, and confusion. People who are sleeping or substance impaired can die from carbon monoxide poisoning before they are aware of symptoms.

In addition to installing carbon monoxide detectors, annual servicing of heating systems, water heater, chimneys and any other gas, oil, or coal burning appliances by a qualified technician can prevent carbon monoxide poisonings. Heating appliances should be used only as directed by manufacturers. Gas cooking appliances should never be used for heating. Gas camp stoves can cause carbon monoxide to build up and should never be used indoors.

ALCOHOL TOXICITY

After four consecutive years of review, the CFR Team found at least one death per year that was a direct consequence of alcohol toxicity. A typical scenario involved a group of teens, binge drinking over the course of several hours. In most cases, the deceased subject was accompanied by one or more peers who survived but whose high blood alcohol content resulted in severe illness, unconsciousness, and/or hospitalization. The team found that 2014 was no exception as an older teen died as a result of excessive alcohol consumption combined with prescription drugs.

According to the 2015 Idaho Youth Behavioral Risk Survey (<http://sde.idaho.gov/student-engagement/school-health/index.html>) 58% of Idaho high school students have consumed alcohol in their lifetimes while 16% admitted to binge drinking (defined as 5 or more drinks in a row) in the month prior to the survey.

National Institutes of Health recognizes underage drinking as a serious public health problem. Alcohol is the most widely used substance of abuse among America's youth, and drinking by young people poses enormous health and safety risks. (www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/underage-drinking)

As previously discussed, alcohol use has been linked to unintentional injuries such as car crashes, drowning and falls. Youth who drink alcohol are more likely to experience academic, social and legal problems. Alcohol impairment can lead to unwanted and unprotected sexual activity and increases the risk of sexual assault. Further, research shows that the brain continues developing well past the age of 20. Underage drinking can impact memory and brain development, potentially with life-long effects. Teen drinkers are also at higher risk for suicide and homicide.

Research shows that children whose parents are actively involved in their lives are less likely to drink alcohol. Parents who chose to drink are encouraged to model responsible drinking behavior and talk to their children about the dangers of drinking. Teens should be warned of the special risks involved with combining illicit and prescription drugs with alcohol. Adults should encourage alcohol-free activities and supervise teen parties to make sure alcohol is not available.

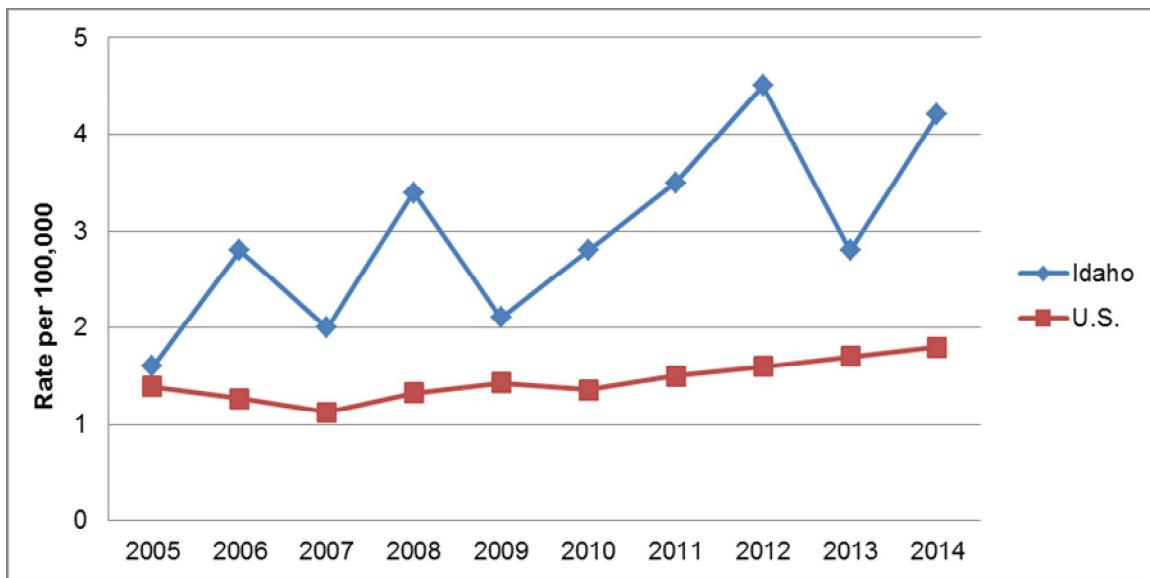
Parents and teachers who do observe signs of alcohol use in teens should seek support from a counselor, psychologist, psychiatrist, or other trained professional.

SUICIDES (Intentional Self Harm)

Suicide is the second highest cause of death to non-infant Idaho children. Idaho's rate of youth suicide during the 10-year period was consistently higher than the U.S. rate. Teens between 15 and 17 have the highest incidence of suicide.

**Idaho and U.S. Resident Suicide Deaths (Age <18)
and Rates per 100,000, 2005-2014**

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Number Idaho Resident suicides	6	11	8	14	9	12	15	19	12	18
Idaho Resident suicide death rate	1.6	2.8	2.0	3.4	2.1	2.8	3.5	4.5	2.8	4.2
U.S. Resident suicide death rate	1.4	1.3	1.1	1.3	1.4	1.4	1.5	1.6	1.7	1.8



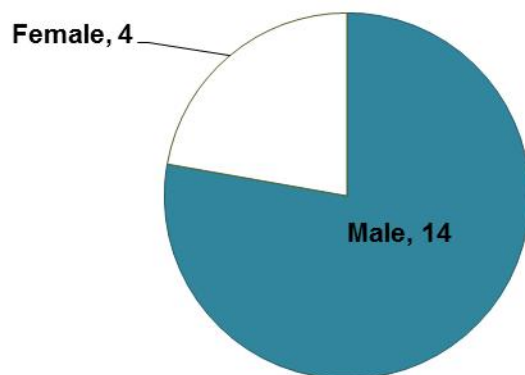
Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare
Rates based on 20 or fewer deaths may be unstable. Use with caution.

Idaho CFR Team Findings: Suicides

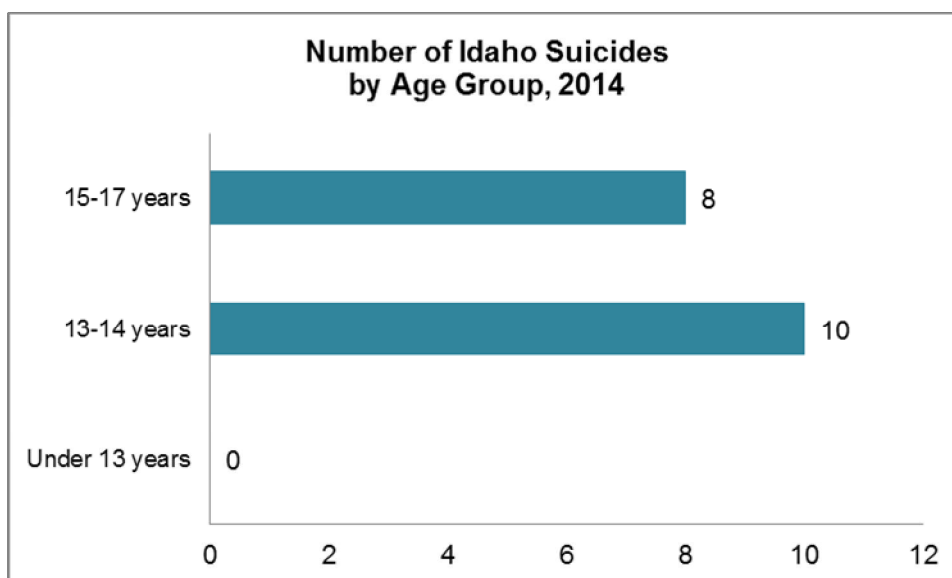
The CFR Team reviewed 18 suicides occurring in Idaho in 2014. More than 3-in-4 of the victims were male. Though suicides to younger children have occurred in past years, all of the 2014 suicide victims were teenagers. Slightly more than half were young teens (aged 13 or 14).

The National Center for Child Death Review reports that U.S. adolescent males are four times more likely to complete suicides than females. However, females are twice as likely as males to attempt suicide.

**Number of Idaho Suicides to Children (< age 18)
by Sex, 2014**



**Number of Idaho Suicides
by Age Group, 2014**



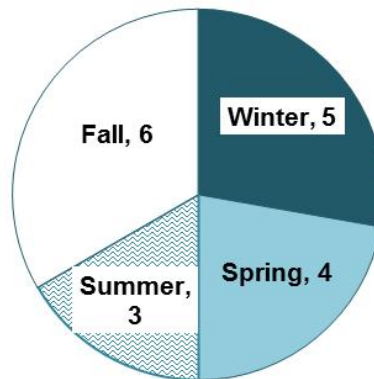
[Based on 18 suicide deaths]

The majority of the 2014 suicides were by firearms, followed by hangings. No obvious trend emerged with regard to seasonality of the suicide deaths.

Number of Suicides in Idaho by Mechanism, 2014

Injury Mechanism Used	#
Firearm	11
Hanging/asphyxiation	6
Prescription drug overdose	1

Number of Idaho Suicides to Children (< age 18) by Season of Occurrence, 2014



[Based on 18 suicide deaths]

Systems Issues

The CFR Team noted a lack of uniformity in the youth suicide death investigations. While mental health reviews, toxicology testing, and inquiries into family and academic history were occasionally performed, there did not appear to be a consistent protocol in place for police and coroner investigations. The team uncovered opportunities for improved communication between agencies and established protocols for completing investigations.

In all 18 cases, the team noted that the absence of school records interfered with a complete review. Schools continue to deny requests for academic and behavioral history, citing Family

Education Rights and Privacy Act (FERPA) restrictions. The CFR Team is currently working with the State Department of Education to find an agreeable solution so that the commonalities and predictors of youth suicide can be more thoroughly studied and understood.

The team found instances where families sought mental health services for the child but were placed on waiting lists because of limited availability. Expanding mental health services and triaging services (particularly in rural communities with limited access) may prevent tragic outcomes by granting priority to those who show signs of being a danger to themselves or others.

Common Factors and Associations

Idaho's CFR Team found the following factors in reviewing the suicide deaths (ranked by frequency with number of instances in parenthesis):

1. Unsecured firearm (10)
2. History of mental illness (8)

Tie:

3. Past suicidal ideation/attempts (6)
- Substance abuse by subject (6)

Tie:

4. Victim of bullying (5)
- CPS referrals of family (5)
- Allegations of physical/sexual abuse (5)

Tie:

5. History of suicide in family (4)
- Alcohol/drug abuse by caregiver (4)
- Recent loss (death, move, estrangement) of family member or close friend (4)

Tie:

6. Recent disciplinary action at school (2)
- Juvenile court history (2)

[Based on 18 suicide deaths]

Research suggests that one-third of individuals who were abused or neglected will subject their children to maltreatment (*Cycle of Abuse*, childwelfare.gov). Several of the suicide victims had evidence of a complex history of generational neglect (as indicated by CPS history, suicide or criminal history of a family member, past violence or substance abuse at home). Many of the

victims had a documented history of mental illness or emotional trauma while others showed symptoms but were never formally diagnosed.

Having access to lethal methods was repeatedly found to be a commonality of suicides. The team is concerned about the number of emotionally distraught victims who accessed a firearm in their own home in an impulsive act.

As noted in past years, many of these deaths involved an interaction of risk factors. Teens with a history of mental health concerns or a chaotic home life (which the team characterized as having multiple problematic influences present in the family such as alleged domestic violence, substance abuse and other criminal history in family) may be particularly vulnerable when facing a stressful event like disciplinary action or loss of a close relationship. They may also be in a heightened emotional state while under the influence of drugs or alcohol.

Recommended Actions for Preventing Suicide Deaths

IDHW's Suicide Prevention Program urges the public to be aware of the warning signs of suicide (<http://healthandwelfare.idaho.gov/Families/SuicidePrevention/tabid/486/Default.aspx>):

- Threatening suicide (or talking or writing about suicide)
- Isolation or withdrawal (from family, friends, activities, etc.)
- Agitation, especially combined with sleeplessness
- Nightmares
- Previous suicide attempt(s)
- Seeking methods to kill oneself
- Feeling hopeless or trapped
- Co-occurring depression, moodiness and hopelessness
- Unexplained anger, aggression or irritability
- Recent loss of family member or friend through divorce, suicide or other death
- Changes in eating, sleeping, personal care or other patterns
- Increased alcohol or drug use
- Taking unnecessary risks/recklessness
- No longer interested in favorite activities or hobbies

- Chronic headaches, stomach aches or fatigue
- Sudden, unexpected loss of freedom or fear of punishment or humiliation

The Office of Suicide Prevention encourages anyone concerned about a person's emotional wellbeing to "trust your gut" and ask direct questions. The **Idaho Suicide Prevention Hotline at 1-800-273-TALK (8255)** offers referrals to mental health professionals and other resources.

Limiting access to highly lethal means, such as firearms, reduces the risk of a major injury during an emotionally charged moment. The 2012 National Strategy for Suicide Prevention, (<http://actionallianceforsuicideprevention.org/nssp>) recommends that firearm dealers and gun owners consider suicide awareness as a basic tenant of firearm safety and responsible ownership.

The CFR Team continues to see evidence of a shortage of mental health services throughout the state. This appears to be most critical in Idaho's rural areas. The team is encouraged by the formation of IDHW's Office of Suicide Prevention and additional funding for Idaho's Suicide Prevention Hotline (1-800-273-TALK).

For Educators and Health Care Providers

In addition to knowing the risk factors and warning signs of suicide (see previous section) school administrators, counselors, teachers, and medical professionals are encouraged to take advantage of resources offered by the Idaho Lives Project (www.idaholives.org). Their mission is to foster connectedness and resilience throughout Idaho school communities to prevent youth suicide. To expand their reach and ensure sustainability, Idaho Lives is also developing and supporting a statewide cadre of Idaho trainers to help implement their model in non-participating schools.

Triaging mental health services in communities with limited access may prevent tragic outcomes by granting priority to those who show signs of being a danger to themselves or others.

For Public Health Agencies

Public education campaigns related to safe storage of guns, ammunition, and drugs (prescription and OTC) may prevent tragedies in volatile situations. Families with children who have a known risk for suicide should immediately remove firearms and certain controlled medications from the home entirely.

The high number of suicides to teens with a history of mental illness highlights the need for more mental health services across the state. In particular, the CFR Team advocates for improved access to mental health services in rural areas.

The CFR Team will continue to partner with IDHW's Office of Suicide Prevention to integrate their findings in annual reviews and recommendations.

For Parents

Parents should familiarize themselves with warning signs of suicide risk and promptly consult health care providers and/or educators for support when concerns arise (*See pages 63-64*). The National Center for the Review and Prevention of Child Deaths cites research examining the protective factors that can prevent teen suicide. A strong and positive connection to parents, family and/or school has been shown to provide immunity for teens when they are troubled (www.childdeathreview.org/reporting/suicide/).

Because of the impulsive nature of many suicidal acts, parents should take extra steps to make sure that firearms are not accessible to children and teens. Guns and ammunition should be stored separately, in locked locations that are out of the reach of children. Keys and combinations should be kept hidden. Children and teens with a history of mental health issues or suicide threats/attempts should not have access to a firearm in homes, vehicles, garages, workshops or any other household areas.

Prescription and over-the-counter medications (even those seemingly harmless when taken at recommended dosages) should be stored out of reach and out of sight of children and teens, especially those with a history of mental health issues or emotional volatility. Law enforcement agencies are legally able to accept unused medications and process them properly so that they do not fall into the wrong hands. Drug Free Idaho (www.drugfreeidaho.org/rx_take_back.html)

provides information on medication drop box locations and community “shred days” for safely disposing of medications.

For Coroners and Law Enforcement Agencies

Coroners and law enforcement agencies should work cooperatively to ensure a complete investigation and that the circumstances leading to death is determined based on all available information.

In 2016, the National Center for the Review and Prevention of Child Deaths developed new guidelines and a questionnaire to assist investigators and reviewers of youth suicides. This tool expanded upon work conducted by law enforcement agencies and the Child Death Review Team in Pierce County, Washington. It is intended to be useful to both novice and seasoned investigators and to CDR teams. It includes sections on history of the deceased, circumstances of death, injury mechanism, expressed suicidal intent, medical and mental health history, substance abuse, and family history. For more information and to access tools, see *Guidelines for Investigation of Suspected Suicide* at: www.ncfrp.org

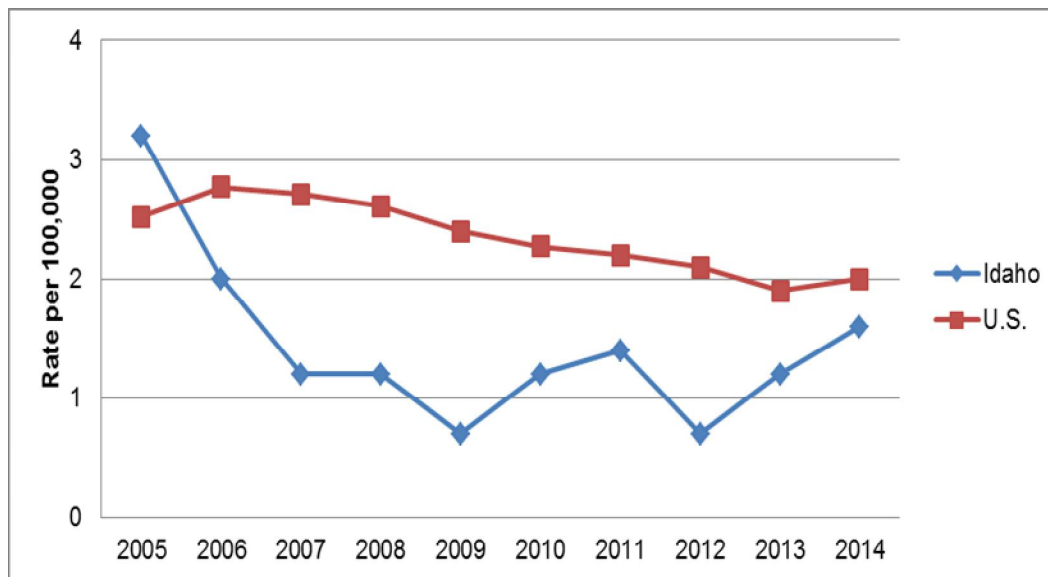
The CFR Team recommends that Idaho coroners include toxicology testing as a part of death investigations when suicide is a possible cause. Consistent access to this information may lead to better understanding of precursors and contributing factors of suicide.

HOMICIDES (Assault)

There were 7 fatal assaults to Idaho resident children in 2014. The rate of homicide in Idaho has historically been lower than for the United States overall.

Idaho and U.S. Resident Homicide (Assault) Deaths (Age <18) and Rates per 100,000, 2005-2014

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Total Number Idaho Resident homicides	12	8	5	5	3	5	6	3	5	7*
Idaho Resident homicide death rate	3.2	2.0	1.2	1.2	0.7	1.2	1.4	0.7	1.2	1.6
U.S. Resident homicide death rate	2.5	2.8	2.7	2.6	2.4	2.3	2.2	2.1	1.9	2.0



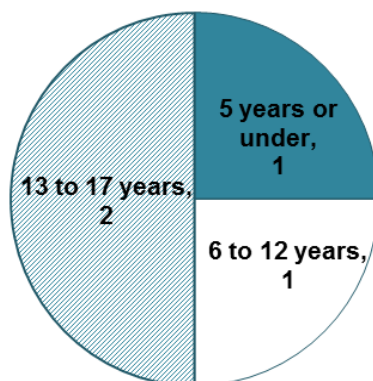
Source: Bureau of Vital Records and Health Statistics, Idaho Department of Health and Welfare
Rates based on 20 or fewer deaths may be unstable. Use with caution.

*Note: One (1) 2014 homicide case was a firearm injury determined to be of accidental nature.

Idaho CFR Team Findings: Homicides (Assault)

The team reviewed 4 homicides from 2014 that occurred in-state. One additional homicide case review was deferred pending resolution of criminal court proceedings.

**Number of Idaho Assault Victims,
By Age Group, 2014**



[Based on 4 homicide deaths]

Of the 4 homicide deaths reviewed, 3 were inflicted by firearms (1 was of accidental manner) and 1 was by blunt force trauma and strangulation. The three non-accidental deaths were all violent assaults in families with a documented history of domestic violence. The accidental firearm death was the result of preschool aged children playing at home with an unsecured, loaded firearm which unintentionally discharged.

Common Factors and Associations

The Idaho CFR Team noted the following top risk factors in the 2014 assault deaths to children (ranked by frequency with number of instances in parenthesis):

1. Documented history of domestic violence in home (3)
2. Unsecured firearm in home (2)

Tie:

3. Substance abuse history of caregiver (1)
 - CPS history (1)
 - History of mental health issues of subject (1)
 - History of mental health issues of caregiver (1)
 - Past allegations of sexual abuse (1)

[Based on 4 homicide/assault deaths]

Recommended Actions for Preventing Homicide Deaths

The Idaho State Police reported 5,665 incidents of violence between spouses, ex-spouses and those in dating relationships in 2014. That same year, there were a total of 10 domestic violence fatalities in Idaho (*Idaho Domestic Violence Fact Sheet*, Idaho Coalition, 2015).

The CFR Team identified a need for ongoing public education related to domestic violence prevention and firearm safety. Improved access to mental health services and support in high risk families may also protect children from becoming victims of abuse and violence. The fact that children who die from physical abuse have often been physically abused over time provides opportunities for early intervention (National Center for Child Death Review).

A recent study published in *Epidemiologic Reviews*, found a strong indication that safe storage programs are effective and that participants were more likely to comply when provided with a free device to secure their firearms (www.thetrace.org/2016/03/safe-gun-storage-research).

According to the Idaho Coalition Against Sexual and Domestic Violence (www.engagingvoices.org), several types of abusive behaviors (e.g. physical, sexual, emotional, economic, psychological or threatened actions) may occur together. While there is no way to predict an abusive partner's behavior, awareness of the warning signs can prevent tragic events.

The team calls for improved coordination between public health, educational, governmental and law enforcement agencies in sharing information to identify at-risk families and prevent other tragic deaths in the future. Additional investigative support from state and federal agencies can serve to assist law enforcement agencies with limited resources.

For Public Health Agencies

To increase awareness of the warning signs and prevent domestic violence, partnerships with criminal justice and law enforcement agencies as well as community-based organizations such as the Women and Children Alliance (www.wcaboise.org) can help stretch limited resources in reaching vulnerable populations.

Local public health agencies can continue to provide information on healthy relationships and ask clients about whether or not they are fearful for personal safety when seeking services.

The National Center for Injury Prevention and Control offers programs that focus on preventing abuse through parent education (beginning in the prenatal period), stronger agency coordination, improved screening, and home visitation programs). These initiatives have been proven to be effective at the local level at reducing child maltreatment (www.cdc.gov/violenceprevention/childmaltreatment/prevention.html).

Firearms are a common mechanism of injury in domestic violence and accident deaths to children. Public health messaging should include reminders of responsible gun ownership and safe handling practices (keeping guns out of reach of children, using gun locks and storing guns and ammunition in separate, secure locations). *Project Child Safe* (www.projectchildsafe.org), a non-profit organization committed to promoting firearm safety, offers additional resources such as educational materials and free firearm safety kits.

For Law Enforcement, Educators and Health Providers

Solid coordination between agencies can help identify families at risk of domestic violence. Law enforcement agencies with limited resources should seek support from Idaho State Police and federal agencies to ensure that suspected assault cases are thoroughly investigated and referred to prosecutors, as appropriate.

To encourage compliance with safe storage recommendations, law enforcement agencies can support initiatives that provide free firearm safety kits to owners.

Health providers are encouraged to educate their patients on healthy relationships and ask about whether or not they are fearful for personal safety when seeking care.

Professionals who work closely with children should seek training to identify signs of abusive behavior and injuries and should readily report concerns to the appropriate agencies. *Prevent Child Abuse America* offers educational materials targeted at parents and professionals (www.preventchildabuse.org).

For Parents and Child Care Providers

According to the Centers for Disease Control and Prevention, 1 in 3 women and 1 in 4 men report being the victims of domestic abuse at some point in their lives. Domestic Abuse is described as a pattern of behaviors used to gain or maintain power and control in an intimate relationship. It occurs across all age, socioeconomic, racial, and religious groups.

The Women's and Children's Alliance of Boise (WCA) provides services to victims (male and female) of domestic violence and sexual assault. In addition to offering safe shelters and transitional housing, they offer counseling, safety planning, court advocacy, and educational resources.

The WCA cites certain behaviors or characteristics that may identify a potential abuser:

- § Emotionally dependent or unavailable
- § Known to display violence or aggression towards other people
- § Has guns and uses them to protect himself/herself against other people
- § Loses temper frequently and more easily than seems necessary
- § Commits act of violence against objects and things rather than people
- § Uses drug or alcohol abuse as an excuse for physically or verbally aggressive behavior
- § Displays an unusual amount of jealousy
- § Becomes enraged when partner does not listen to his/her advice
- § Has sense of overkill in cruelty or in kindness
- § Has a limited capacity for delayed gratification

The WCA operates two 24-hour crisis hotlines and carefully safeguards caller confidentiality. If you or someone you love needs help, call:

Domestic Abuse Crisis Hotline: 208-343-7025

Sexual Assault Hotline: 208-345-7273

Parents and providers should take extra steps to make sure that firearms are not accessible to children. Guns and ammunition should be stored separately, in locked locations, and out of the reach of children. Households with a family member who has a history of mental health disturbances or suicide attempts should be particularly restrictive with firearm access.

Research has found that crying, bedwetting, and fussy eating may be a trigger for abusive incidents by parents and caregivers. The Early Childhood Coordination Council (EC3), along with partners in government and community agencies, developed the “Crying Plan” (www.cryingbabyplan.org), a tool to help parents and caregivers cope with inconsolable, crying babies.

IDHW provides services to help protect children while providing support to strengthen families to prevent abuse and neglect. When a child’s safety warrants removal from their home, IDHW personnel and law enforcement officers work closely with families to lower safety concerns and return the child home as soon as it is safe. To report suspected child abuse, neglect or abandonment in Idaho call: **1-855-552-KIDS (5437)**

CFR TEAM SCREENING: *Preventable Natural Deaths*

In addition to detailed reviews of deaths by external causes, a CFR subcommittee (made up of physicians, law enforcement and public health representatives from the CFR Team) screened death records certified with a manner of “natural.” Causes of natural manner deaths include perinatal conditions, congenital malformations, malignancies, influenza and pneumonia, cerebrovascular, and other non-ranking causes. In an effort to review all preventable deaths, the subcommittee identified cases for further review when questions were raised about the cause as coded on the death certificate and/or if a direct link to an existing medical condition was not apparent.

The subcommittee selected 8 of the natural manner deaths for a more thorough review with complete death certificates, birth certificates, coroner/autopsy reports, and/or medical records. The natural manner cases selected for additional review fell into the following categories:

Perinatal Conditions	1
Infuenza/Pneumonia	3
Non-ranking/All Other Causes	4
<i>Total Reviews of Deaths of Natural Manner</i>	8

No system wide issues were identified in the review of additional information (medical records, coroner reports, etc.) in these natural manner deaths.

Pneumonia

The subcommittee reviewed 3 pneumonia deaths to children which occurred in 2014. The victims ranged in age from 25 days to 6 years. The influenza virus was not positively identified in any of these pneumonia deaths. However, 1 of the deaths was a complication of pertussis.

Recommended Actions for Preventing Pneumonia Deaths:

Two of the three pneumonia deaths occurred to infants or children with chronic health conditions. Although the flu virus was not confirmed as present in any of these victims, previous viral exposure may have played a role in these fatalities. Medical records indicated that none of the victims had received a flu vaccine (the newborn infant was not eligible for the vaccine). The

team recommends an annual flu vaccine for those 6 months of age and older to prevent pneumonia and flu related deaths. Those at risk of serious flu complications (i.e. young children, pregnant women and those with chronic health conditions like asthma, diabetes and heart disease) are especially urged to get a flu vaccine each year and early in the season.

The CDC reports that pneumonia is the leading cause of death in children younger than 5 years of age worldwide (www.cdc.gov/pneumonia). The pneumococcal conjugate and/or polysaccharide vaccines may be recommended for those younger than 2 years old, and for older children who are at increased risk for disease due to certain medical conditions. Parents should consult their child's healthcare professional for recommendations regarding pneumococcal vaccines.

Several other vaccines (e.g. pertussis, varicella, measles) prevent infection by bacteria or viruses that may cause pneumonia. The Idaho Immunization Program provides information on free or low cost vaccinations plus recommended immunization schedules

(healthandwelfare.idaho.gov/Health/IdahoImmunizationProgram/tabid/2288/Default.aspx).

Everyday hygiene habits can prevent the spread of germs and viruses. It is important to wash hands often with soap and water. Children should be taught to cover their noses and mouths with a tissue or the crook of their elbow when they cough or sneeze. They should avoid touching their eyes, nose and mouth. Those who do get sick should limit contact with others as much as possible to keep from infecting them (www.cdc.gov/flu/protect/preventing.htm).

Refusal of medical care because of religious or personal beliefs

Since Idaho Vital Statistics does not compile the number of deaths to children who are not treated medically on the basis of religious beliefs, it is difficult to estimate the actual number of preventable deaths to religious objectors. In screening 2014 natural manner deaths, the subcommittee found no evidence of child deaths in families who did not seek medical intervention due to religious beliefs.

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APPENDIX



Executive Department
State of Idaho

C.L. "BUTCH" OTTER
GOVERNOR

State Capitol
Boise

EXECUTIVE DEPARTMENT
STATE OF IDAHO
BOISE

EXECUTIVE ORDER NO. 2012-03

GOVERNOR'S TASK FORCE FOR CHILDREN AT RISK

WHEREAS, Idaho's children are her most valuable resource; and

WHEREAS, it is the responsibility of all Idahoans to provide a community system of support and protection for these children; and

WHEREAS, the protection of children from abuse and neglect is in the best interest of all Idahoans; and

NOW, THEREFORE, I, C.L. "Butch" Otter, Governor of the State of Idaho, by the authority vested in me by the Constitution and laws of the State of Idaho, do hereby order the continuance of the Governor's Task Force on Children at Risk (Task Force).

The Task Force is responsible for reviewing and developing programs, as well as facilitating local jurisdictions to operate programs designed to improve:

- a. The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation;*
- b. The handling of cases of suspected child abuse or neglect related fatalities;*
- c. The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation; and*
- d. The handling of cases involving children with disabilities or serious health-related problems who are victims of abuse or neglect.*

Further, the Task Force shall establish and support a statewide child fatality review team (CFRT) to allow comprehensive and multidisciplinary review of deaths of children younger than 18 years-old, in order to identify what information and education may improve the health and safety of Idaho's children. The statewide CFRT established and supported by the Task Force is separate and apart from child death reviews convened by the Department of Health and Welfare in circumstances where the death of a child is suspected or confirmed to have resulted from abuse or neglect.

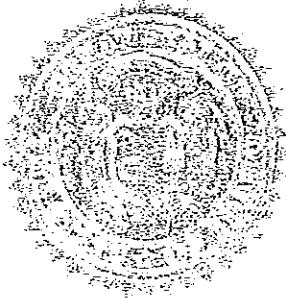
The Task Force shall be composed of not more than 18 members appointed by the Governor. The membership shall include, but will not be limited to, the following with consideration of geographical representation:

- Law Enforcement Community*
- Criminal Court Judge*
- Civil Court Judge*
- Prosecuting Attorney*
- Defense Attorney*
- Child Advocate Attorney for Children*
- Court Appointed Special Advocate Representative (where such programs operate)*
- Health Professional*
- Mental Health Professional*
- Child Protective Service Agency*
- Individual experience in working with children with disabilities*
- Parent Group Representative*
- Education Representative*
- Juvenile Justice Representative*
- Adult former victim of child abuse or neglect*
- Individual experienced in working with homeless children/youth*

*The members of the Task Force shall serve at the pleasure of the Governor for a four-year term.
Members of the Task Force shall elect their chair from among their members.*

The Task Force shall submit a written report by June 1 of each year to document its achievements.

*The Department of Health and Welfare shall be the fiscal agent, providing support for the Task Force,
and shall monitor contracts for staff to carry out the activities directed by the Task Force, as Children's
Justice Act Grant funding is available.*



*IN WITNESS WHEREOF, I have hereunto set my hand and
caused to be affixed the Great Seal of the State of Idaho at the
Capitol in Boise on this 8th day of May in the year of our Lord
two thousand and twelve and of the Independence of the
United States of America the two hundred thirty-sixth and of
the Statehood of Idaho the one hundred twenty-second.*

A handwritten signature in cursive script, reading "C.L. Butch Otter".

C.L. "BUTCH" OTTER
GOVERNOR

A handwritten signature in cursive script, reading "Ben Ysursa".

BEN YSURSA
SECRETARY OF STATE